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LETTER TO EDITOR

Primary Uterine Primitive Neuroectodermal Tumor

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Dear Editor,

Chen *et al*. nicely described the clinical picture, management plan, and outcome of a Taiwanese patient with primary uterine primitive neuroectodermal tumor (PNET).[1] I presume that the rarity of the condition and its escalating course with peritoneal seeding and liver metastasis should trigger the authors to consider altered immune status in the studied patient. Among altered immune states, infection with human immunodeficiency virus (HIV) is of great importance. My presumption is based on the following point. It is worthy to mention that in many parts of the world, including Taiwan, patients with HIV infection have been found to be more liable to have neoplastic lesions compared to healthy individuals.[2] The increased propensity of neoplasms among HIV-positive patients has been thought to be related to different factors, including coinfection with oncogenic viruses, immunosuppression, and life prolongation secondary to the use of antiretroviral therapy.[3] To the best of my knowledge, HIV infection is an evolving health problem in Taiwan. The available data pointed out that by the end of 2016, the total number of HIV cases had been accumulated to 33,423 (15,418 of whom had developed full-blown AIDS and 5569 cases had deceased).[4] I presume that underlying HIV infection ought to be taken into consideration in the studied patient. Hence, implementing the diagnostic array of viral overload and CD4 count measurements was solicited. If that diagnostic array was done and it revealed underlying HIV infection, the case in question could be confidently regarded as a novel case report. This is because HIV-associated primary uterine PNET has never been reported in the published literature so far.

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Conflicts of interest

There are no conflicts of interest.

REFERENCES

1. Chen YC, Hsu YH, Wei YC, Chu TY, Ding DC. Primary uterine primitive neuroectodermal tumor. J Med Sci 2018;38:81-4.
2. Chen CH, Chung CY, Wang LH, Lin C, Lin HL, Lin HC, *et al.* Risk of cancer among HIV-infected patients from a population-based nested case-control study: Implications for cancer prevention. BMC Cancer 2015;15:133.
3. Valencia Ortega ME. Malignancies and infection due to the human immunodeficiency virus. Are these emerging diseases? Rev Clin Esp 2018;218:149-55.
4. Centers for Disease Control, R.O.C. (Taiwan). Communicable Diseases and Prevention, HIV/AIDS. Available from: http://www.cdc.gov.tw/english/info.aspx?treeid=e79c7a9e1e9b1cdf&nowtreeid=e02c24f0dacdd729&tid=7D01A79F5FD3B63D. [Last accessed on 2018 Apr 15].

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