

# Necrotizing pneumonia or pulmonary gangrene

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Dear Editor,

I read the interesting case report by Carpio-Orantes on the necrotizing pneumonia (NP) caused by *Staphylococcus epidermidis* in a 26-year-old Mexican patient.<sup>[1]</sup> The author described nicely the clinical picture, laboratory and imaging findings, and treatment plan in the studied patient. I presume that the rapid escalating clinical course culminating in death should alert the authors to consider jeopardized immune status. Among jeopardized immune states, infection with human immunodeficiency virus (HIV) is paramount. It is explicit that apart from neoplasms, immunocompromised individuals are more vulnerable to various types of infections compared to immunocompetent individuals. The increased vulnerability has been attributed to different factors, notably immunosuppression, coinfection with oncogenic viruses, and life prolongation secondary to the use of antiretroviral therapy.<sup>[2]</sup> To my knowledge, HIV epidemic is maturing in Mexico. The recently published data pointed out to 0.3% adult HIV prevalence rate.<sup>[3]</sup> Hence, HIV testing through blood CD4 lymphocyte count and viral overload measurements in the studied patient was solicited. I presume that documenting HIV reactivity in the case in question could expand the etiological spectrum of HIV-associated bacterial NP rarely reported in the world literature.<sup>[4,5]</sup> Regrettably, the studied patient passed away before contemplating HIV testing.

## Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Nil.


## Conflicts of interest

There are no conflicts of interest.

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