Dear Editor,

Jalaeikhoo et al published an article titled, “Prevalence of Human T-lymphotropic virus type 1 (HTLV-1) Infection in Patients with Hematologic Disorders and Non-Hematologic Malignancies in a Tertiary Referral Hospital” in Arch Iran Med in 2017. This is a good article and I have a few comments about prevalence of HTLV1 with different etiologies in patients.1

HTLV1 is a retrovirus which more commonly infects the T-cell and has been recognized as the etiologic agent of a mature T-cell leukemia/lymphoma and a chronic myelopathy known as HTLV1-associated myelopathy/tropical spastic paraparesis. Other manifestations include uveitis, chronic arthropathy, Hashimoto thyroiditis and pulmonary alveolitis. We found only one HTLV1 positive patient from 1200 patients with different etiologies such as malignancy (0.08%).2

We conducted a study to determine the prevalence of HTLV1 infection in hemodialysis patients which have frequent transfusions. One patient had a positive anti-HTLV1 enzyme-linked immunosorbent assay test, which was confirmed by Western blot. Prevalence of HTLV1 was 0.6% (1/160). Therefore, HTLV1 infections are not common in some areas in Iran. There is no need for a screening program in this area3 even in patients with thalassemia major which have multiple transfusions associated with positive HTLV1 in 1.4% (4/288).4

Prevalence of HTLV-1 infection in high-risk patients with thalassemia major, and hemodialysis who have had multiple transfusions was higher in endemic areas than non-endemic areas.5 In endemic areas, prevalence of HTLV1 could be hemophilia more common. HTLV1 infection was 3.4% in the general population in Neishaboor, a city in Khorasan province in Iran.6

Conflict of Interest Disclosures
None.

Ethical Statement
Not applicable.

References

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