

## Letter to the Editor

# A rare case of isolated retro-orbital fungal granuloma

Sir,

I read with great interest the case report by Kaipuzha *et al.*<sup>[1]</sup> published in the January–June 2018 issue of the *International Journal of Head and Neck Pathology*. The authors described the clinical picture, diagnostic protocol, and treatment plan of the isolated retro-orbital fungal granuloma caused by *Aspergillus versicolor* in an Indian patient.<sup>[1]</sup> I assume that the rare development of that fungal granuloma at an unusual site must alert the authors to consider the underlying jeopardized immunity in the studied patient. Among jeopardized immune states needed to be considered, human immunodeficiency virus (HIV) infection has the leading priority. My assumption is based on the following point. It is explicit that due to low immunity, individuals infected with HIV are more susceptible to various bacterial, fungal, and parasitic infections compared to the individuals with the healthy immune system. Among fungal infections, aspergillosis has been reported in HIV-infected patients.<sup>[2]</sup> Studying fungal infections in India showed that 34% of infections were cryptococcosis and 16% of cases were aspergillosis.<sup>[3]</sup> Interestingly, 28% of cases were immunocompetent, and 72% were immunocompromised.<sup>[3]</sup> India is facing the distressing health hazard of HIV infection. The published data pointed out to 0.26% HIV seroprevalence compared with a global average of 0.2%.<sup>[4]</sup> I assume that defining the HIV status in the studied patient through the diagnostic workup of blood CD4 lymphocyte count and viral overload estimations was solicited. If that workup was to disclose HIV positivity, the case in question could truly expand the spectrum of HIV-associated aspergillosis rarely reported in the Indian literature.<sup>[5]</sup>

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### Conflicts of interest

There are no conflicts of interest.

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