Measurement of HCMV and EBV antibody titers was repeated at 3- and 6-month intervals. Unchanging, high positive titers of HCMV IgG antibody were noted throughout the 18-month trial. At baseline, 1 of the 11 patients who had CFS had a positive HCMV IgM antibody titer. This HCMV IgM antibody titer was absent after the patient received 30 days of treatment with iv ganciclovir. Four of the 11 patients with CFS had coinfection with EBV, which was indicated by positive EBV-EA antibody titers. After administration of valacyclovir, EBV-EA antibody titers decreased or became negative in 3 of these patients who had CFS. The findings with regard to these serologic titers are consistent with incomplete herpesvirus multiplication of HCMV and, when present, EBV in patients who have CFS [7].

Energy index point scores (EIs) and symptom scores were assessed at 30-day intervals [3]. A series of questions was used to calculate EIs (A.M.L. and R.G.D., unpublished data). An EI of 0 denoted a bedridden patient, whereas an EI of 10 denoted a healthy patient. At baseline, the mean EI for the entire group was 3.5. After 6 months, 4 patients with CFS who were receiving iv placebo had a mean EI of 3.9. When they were assessed 6 months after initiation of treatment with iv ganciclovir, they had a mean EI of 4.4. At this point in the study, as indicated by the presence of positive EBV, VCA-IgM, and/or EBV-EA antibody titers, valacyclovir was added to treatment and administration of oral ganciclovir was continued. At month 12 of the study, the mean EI for the 11 patients was 5.8, and at month 18, the mean EI was 6.1.

Symptom scores (e.g., chest pain, wooziness, palpitations, and muscle aches) were assessed at 30-day intervals. A symptom score of 1 denoted the presence of all 4 symptoms tested, whereas a symptom score of 0 denoted the absence of all 4 specific symptoms. At baseline, the mean symptom score was 0.81 for the 11 patients who had CFS. After 6
months, 4 patients with CFS who were receiving iv placebo had a mean symptom score of 0.5. When assessed 6 months after initiation of treatment with iv ganciclovir, the entire cohort of 11 patients who had CFS had a mean symptom score of 0.38. At month 12 of the study, the mean cumulative symptom score was 0.28, and at month 18, the mean symptom score was 0.19.

This study is preliminary; however, either the protocol or a modification of the protocol may be helpful in a suitably sized, randomized, double-blinded, placebo-controlled trial of the use of antiviral therapy for patients with CFS [8].

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References


Fascioliasis in Antalya

Sir—We read with interest the Brief Report by Mannstadt et al. [1] that describes triclabendazole therapy in the management of biliary obstruction due to Fasciola hepatica infection. The patient’s history of travel to our region, Antalya, in Turkey, attracted our attention most. As you know, in travel medicine it is important to know the diseases to which the traveler might be exposed during his journey. We live and work in Antalya and want to share our experience with fascioliasis.

Fascioliasis is endemic in Antalya, and in 1998 we saw 2 cases with which we had the same difficulties in diagnosis and treatment that were described by Mannstadt et al. [1]. A 58-year-old man and his 27-year-old son who had been investigated for malignancies were referred to our clinic because of fatigue, anorexia, and right-upper-quadrant pain. Labora-

References


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