



Letter to the Editor

Comments on “Disseminated *Nocardia transvalensis* complex and *farcinica*: First case in an immunocompetent”

Dear Editor;

We recently came across the article “Disseminated *Nocardia transvalensis* complex and *farcinica*: First case in an immunocompetent”, which we found to be of great interest [1]. *Nocardia* is a genus of aerobic actinomycetes commonly found in environments like soil, decaying organic matter, and both fresh and salt water. Although there are over 100 identified species within the *Nocardia* genus, it's noteworthy that more than half have been described just in the last decade. The majority of human infections can be attributed to members of the *Nocardia asteroides* complex [2]. This complex was later differentiated into multiple species, including *Nocardia transvalensis* complex and *Nocardia farcinica* [2,3]. The co-occurrence of these two species leading to a disseminated infection in an immunocompetent patient is an unprecedented case. With this in mind, we felt the need to express our thoughts and pose some questions regarding the study as follows:

- 1 In accordance with academic convention, both the genus and species names of bacteria should be italicized [4]. However, it appears that the authors did not consistently adhere to this format for *Nocardia transvalensis/wallacei* and *farcinica* throughout the manuscript.
- 2 The authors have not furnished a detailed account of the methodologies and techniques used for identifying and distinguishing *Nocardia* from clinical specimens. Such comprehensive elucidation is indispensable for ensuring clarity and facilitating reproducibility in future research. In this regard, the authors, does not adequately delineate the procedures employed to identify *Nocardia* at the genus level. Moreover, it is essential for the authors to elucidate the specific methods used to detect the co-infection with two discrete *Nocardia* species.
- 3 To conclusively confirm a *Nocardia* infection from non-sterile samples, such as sputum, it is a widely accepted practice to repeat the collection and analysis of two or more samples. Specifically, *Nocardia* should be isolated from sputum on at least two distinct occasions to definitively diagnose the infection [3,5]. In this manuscript, relying on a single sample to confirm the *Nocardia* infection prompts questions regarding the robustness and validity of the diagnosis.
- 4 The rationale for utilizing a brain MRI, particularly in the absence of neurological symptoms, should be concisely elucidated to aid reader

comprehension. Moreover, the shift in focus from the brain MRI discussion to thoracic findings is not seamlessly presented.

- 5 It should be noted that the terms “trimethoprim-sulfamethoxazole” and “cotrimoxazole” denote the same medication. Maintaining terminological consistency would enhance clarity for the reader.

Declaration of competing interest

The authors have no competing interest.

References

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