Letters to the Editor

Lophomonas Misidentification in Bronchoalveolar Lavages

Key words: lophomonas, pulmonary infection, bronchial ciliated cell

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The Authors Reply We would like to thank Dr. Martínez-Girón and colleagues for their stimulating comments on our manuscript entitled, “Late Onset Pulmonary Lophomonas blattarum Infection in Renal Transplantation: A Report of Two Cases” (1, 2). We take note that Dr. Martínez-Girón is an authority in the field of clinical protozoa infection and have learned a lot from his achievements (3, 4). However, at the same time, we have to disagree with the statement they made in their letter: “the authors may have misidentified bronchial epithelial cells as flagellated protozoa.” First, we agree that it is difficult to differentiate protozoa and bronchial ciliated epithelial cells in stained smears. But in fresh smears, the live protozoa is actively swimming with its flagellums waving rhythmically. It can live more than 24 hours even in the water of a closed tube. Therefore, we believe that it is not difficult to identify protozoa from bronchial ciliated epithelial cells in a fresh sample. We regret that we did not record a video of the live protozoa showing active movement.

Secondly, we found that the appearance of the protozoan is varied, from round to pear-shaped, and its diameter ranges from 20 to 60 microns. Some protozoa have a tuft of relatively short flagella like the cilia of ciliated epithelial cells, but flagella are like an active wave if the protozoan is alive, which was shown in the picture of our manuscript bearing a striking likeness to the picture of protozoa provided by other authors (1, 5, 6). We also found that some protozoa have much longer flagella of irregular lengths in the same fresh smear (Fig. 1), just as the example pictures offered by Martínez-Girón and Doganci (3). All of these protozoa were identified in the diagnosis of Lophomonas blattarum.

We believe that Lophomonas may have varied forms during the different stages, such as: infancy, adolescence, adult and senescence, and that live Lophomonas are very different from dead ones. We also think that the Lophomonas may have some subtypes with different appearances. We anticipate collaboration with Dr. Martínez-Girón and other specialists to improve the diagnosis and treatment of Lophomonas infection.

The authors state that they have no Conflict of Interest (COI).

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References


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