several genetic defects in IL-12/IL-12R, IFN-γR, and Stat-1 having been found in patients who had unusually severe infectious diseases caused by poorly virulent mycobacteria and salmonellae [1, 2].

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2. Dorman SE, Holland SM. Interferon-γ in mycobacterial and Salmonella infection for 4 patients in 65% of cases for which no etiology had been established and to identify a second infecting microorganism for 4 patients in whom a single etiologic agent had been identified by conventional methods. In another study, which was designed to detect S. pneumoniae in whole blood samples by use of PCR, the technique of amplification of the genome to detect selected pneumolysin gene fragments of S. pneumoniae in TNA samples was added to the diagnostic work-up because it was judged to be the gold standard [4]. Other groups have focused their investigations in the usefulness of PCR for identification of S. pneumoniae DNA in lung parenchyma samples obtained by TNA [5]. Therefore, the study by Vuori-Holopainen et al. [1] describe another experience in the management of pulmonary infections by use of PCR to analyze TNA samples, but it is not the first such experience. The only novel aspect of the study is that TNA was performed in children.

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More Experience, but Not a New Experience

SIR—We read with attention the article by Vuori-Holopainen and colleagues [1]. In their study, the use of PCR along with conventional methods to analyze samples obtained by transthoracic needle aspiration (TNA) provided the etiologic diagnosis for 20 (59%) of 34 children with community-acquired pneumonia.

We read with surprise the statement in the introduction that, “to our knowledge, this was the first time modern microbiological methods were used with this procedure” [1, p. 584]. In 1994, our group published a study of a series of 45 HIV-infected patients with pneumonia for whom no etiologic diagnosis was made by conventional methods and for whom conventional methods was used to detect Pneumocystis carinii DNA in samples obtained by TNA; this procedure had a sensitivity of 88.9% [2].

Again, in 1999, our group published a study of a series of 109 patients with community-acquired pneumonia for whom etiologic diagnoses were made by the combination of conventional methods and PCR detection of Streptococcus pneumoniae, Chlamydia pneumoniae, Mycoplasma pneumoniae, Legionella pneumophila, and P. carinii DNA in samples obtained by TNA [3]. In this series, conventional methods identified the etiologic diagnosis in 50% of cases. The use of TNA allowed us to determine the etiologic diagnosis in 65% of cases for which no etiology had been established and to identify a second infecting microorganism for 4 patients in whom a single etiologic agent had been identified by conventional methods.

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Pulmonary Tuberculosis Due to Multidrug-Resistant Mycobacterium bovis in a Healthy Host

SIR—Because of improvements in the hy-