made solely on the basis of the deformities of the limbs observed [2]. More recently, the Queen of Punt syndrome, clinically described as a rugged face, gluteal femoral obesity, hyperlordosis, and symmetrical deposits of fat on the trunk, limbs, and thighs, seems to be a more unifying explanation for the graphic representation of the Queen [3]. This syndrome appears to be a single phenotype grouping several dermatological pathologies (Launois Ben-sauve lipomatosis, Dercum disease, neur-rolibromatosis, congenital lipodystrophy, achoondroplasia, familial obesity, Proteus syndrome, and X-linked dominant hypophosphatemic rickets) [4–6]. Clearly, in the absence of any genetic or bioanthropo-
lógical evidence of a mummy, the clinical di-
agnosis that should be ascribed to the Queen of Punt still remains elusive after 34 centuries.

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Bernard Christenson
Bayamon, Puerto Rico

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Reprints or correspondence: Dr. Bernard Christenson, Infe-
tious Diseases Associates, C.S.P., Santa Cruz Medical
Bldg, 73, Ste 302, Bayamon, Puerto Rico 00961-8611
(bchristenson64@netscape.net).

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Reply to Bodi et al.

To the Editor—We congratulate Dr. Bodi and colleagues for their recent article [1], which demonstrates a significant as-

sociation between the use of guideline-
concordant antibiotics and mortality for

patients with community-acquired pneu-

monia who require hospitalization in an

intensive care unit. However, we wish to
correct an error in their article regarding our recent article [2] in the American Journal of Medicine. In the discussion, the au-

tors state that “the effects of other factors such as age, presence of comorbidities, and complications associated with pneumonia (e.g., septic shock and receipt of mechanical ventilation) were not analyzed” [1, p. 1714]. This is incorrect. Comorbid condi-
tions and age are part of the pneumonia severity index developed by Fine et al. [3], which was included in our multivariable models. The pneumonia severity index is a validated prediction rule for 30-day mortality for patients with community-

acquired pneumonia. This rule is based on

3 demographic characteristics, 5 comorbid illnesses, 5 physical examination findings, and 7 laboratory results and radiographic findings obtained at the time of prese-

nation. Age, chronic renal disease, liver dis-

case, congestive heart failure, prior stroke, and neoplasia are all components of the pneumonia severity index.

Regarding adjusting for complications associated with pneumonia, although we did not adjust for these 2 factors directly, we included a dichotomized variable for the need of hospitalization in an intensive
care unit as one of the factors in our mul-
tivariable analyses. We found that need for hospitalization in an intensive care unit was a much stronger predictor of mor-
tality than was either septic shock or me-

chanical ventilation as individual vari-

ables. In addition, we were unable to put all of these factors in the same multivari-

able models as a result of colinearity, be-

cause both septic shock and mechanical ventilation are reasons for admission into an intensive care unit.

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Eric M. Mortensen, Marcos I. Restrepo, Antonio Anzueto, and Jacqueline Pugh

Veterans Evidence Based Research Dissemination and Implementation Center (VERDICT), Division of General Internal Medicine, and South Texas Veterans Health Care System, San Antonio, Texas

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The views expressed in this article are those of the authors and do not necessarily represent the views of the US De-

partment of Veterans Affairs.

Reprints or correspondence: Dr. Eric Mortensen, VERDICT, ALMD/UTHSCSA, Ambulatory Care (1106), 7400 Merton Minter Blvd., San Antonio, Texas 78284 (mortensen@verdict

uthscsa.edu).

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Improvement of Dyslipidemia during Different HAART Regimens: Tenofovir- versus Stavudine-Containing Antiretroviral Combinations

To the Editor—Schewe et al. [1] recently an-
alyzed the switch from antiretroviral regimens that contain stavudine to those

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