Letter to the Editor

To the Editor—We read with concern the editorial of Dr Stuart Adler entitled “Primary Maternal CMV Infection During Pregnancy: Do We Have a Treatment Option?” [1]. Although we agree with Adler that cytomegalovirus (CMV) hyperimmune globulin shows promise for prevention of congenital CMV infection among mothers with primary CMV infection, his review of the literature focuses, inappropriately, on data from nonrandomized studies and therefore gives a biased view of our state of knowledge. The only randomized trial of CMV hyperimmune globulin for the prevention of congenital CMV infection was, in fact, negative, with a 44% congenital infection rate in the placebo group and a 30% rate in the immune globulin group (P = .13) (Revello, unpublished data). The editorial failed to mention that the Maternal Fetal Medicine Units (MFMU) Network of the Eunice Shriver Kennedy National Institute of Child Health and Human Development has embarked on a definitive trial of this issue (“A Randomized Trial to Prevent Congenital Cytomegalovirus Infection,” ClinicalTrials.gov NCT01376778). Cytomegalovirus hyperimmune globulin is very expensive and not without risk. Before its use is endorsed or advocated for the prevention of congenital CMV infection, we should know that it is effective and safe. At present, we don’t know either of these things. The practice of obstetrics has been too long plagued by the adoption of promising but unproved interventions, many of which, once properly evaluated, were proved ineffective or even harmful. Cytomegalovirus hyperimmune globulin is promising but not proved. Thus we urge clinicians to forgo this therapy until adequate randomized trial data show efficacy and safety.

Notes

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