



Appendiceal Inflammatory Myofibroblastic Tumor and HIV Infection, An Association Not To Be Missed

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Dear Editor,

In the May 2018 issue of the *Oman Medical Journal*, Bashir et al,¹ published a report of an unusual case of an appendiceal inflammatory myofibroblastic tumor (IMT) in a Saudi patient who presented with symptoms and signs of acute appendicitis. The authors had properly described the clinical picture, imaging findings, histopathological and immunohistochemistry studies, and treatment plan. I presume that the rare occurrence of that tumor at an unusual site should alert the authors to take into consideration any underlying altered immune status. Among conditions associated with altered immune states, HIV infection is the leading cause. Individuals infected with HIV are more susceptible to various types of tumors compared to immune-competent individuals. The increased tumor susceptibility of HIV-positive individuals has been attributed to different factors including immunosuppression, coinfection with oncogenic viruses, and life prolongation secondary to the use of antiretroviral therapy.² Though the prevalence of HIV in Saudi Arabia is low (0.05%) compared to other countries in the region and globally,³ the relative lack of awareness in general public knowledge of the disease, negative attitudes towards HIV/AIDS and infected persons, and limited contribution of health care professionals

and educational institutions in providing the public with information about this health problem⁴ render HIV infection a potential health hazard in Saudi Arabia. Therefore, I presume that the authors had considered underlying HIV infection in the patient. Hence, a blood CD4 lymphocyte count and viral overload measurements would have been done. If the result revealed an underlying HIV infection, the case in question could be considered as the second novel case report of HIV-associated IMT. The first case was reported in a Romanian patient.⁵

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