Polymerase chain reaction for *Cryptosporidium* in the immunocompromised host

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Sirs,

I read with great interest the article by Bandin et al. entitled “Cryptosporidiosis in paediatric renal transplantation” [1]. I am grateful for their contribution to the knowledge of *Cryptosporidium*’s impact on pediatric kidney transplantation. However, I would like to make some comments.

First, the diagnosis in the immunocompromised host is more difficult than in the immunocompetent one. Specific Ziehl–Nielsen staining techniques have low sensitivity, especially compared with polymerase chain reaction [2]. So many cases in kidney transplantation can be missed; therefore, the real prevalence in this cohort could have been higher. This should alert everyone to rule out with appropriate diagnostic testing the presence of *Cryptosporidium parvum* in the stools of pediatric patients who receive kidney transplantation.

Second, no drug has proven efficacy in the severely immunocompromised host against *C. parvum*. Unlikely positive results can be achieved with nitazoxanide [3], paromomycin [4] or the combination of paromomycin and azithromycin [5]. The best efficacy is obtained by lowering immunosuppression [6].

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