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Dengue virus transmission from live donor liver graft: A comment

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To the Editor:

We read the publication on “Dengue virus transmission from live donor liver graft” with a great interest [1]. Mathew et al. reported a dengue patient and noted that “*Screening of living donors for dengue virus may be considered in endemic regions* [1].” It is questionable whether this is a true case of dengue transmitted by transplantation. First, the donor should have viremia or fever before the transplantation that can allow the possible transmission to the recipient. Nevertheless, both donor and recipient in the present report develop clinical

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manifestation after the transplantation. Based on the natural history of dengue, the symptoms of dengue are variable and usually begin four to six days after infection and last for up to 10 days. Thus, the clinical symptoms of the donor and recipient might not help differentiate the presence or absence of infection. Second, the discordant viral sequences, not 100 %, reflect that it might not be the same virus that causes clinical problems in both donor and recipient. Nevertheless, the diverge sequences can exist in case with dual infections (such as concurrent infection between serotypes DEN-2 and DEN-3) [2]. Finally, it is questionable whether there is a nosocomial mosquito borne infectious disease in the present scenario. In developing Asian countries, the dengue mosquito vector is common and detectable in the hospital and this might be the cause of dengue infections among hospitalized patients [3]. In conclusion, there is a degree of uncertainty for diagnosis of dengue virus transmission from live donor liver graft in the present case [1]. Also, endemic dengue infection may occur in nosocomial regions.

Disclosure

The authors of this manuscript have not conflicts of interest to disclose as described by the *American Journal of Transplantation*.

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