Osteosarcoma of the rib: a rare presentation

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Dear Editor,

I read with much interest the case report that Büyükkapu Bay et al. (1) published in the recent issue of your journal. The authors nicely described the clinical presentation, management plan, and outcome of osteosarcoma of the rib in a fourteen-year-old Turkish girl (1). In light of the rarity of that malignant tumor and its aggressive nature, I presume that the authors should consider a jeopardized immune status in the studied patient. Among immunodeficient states, infection with human immunodeficiency virus (HIV) is globally of utmost importance. My presumption is based on the following point. It is explicit that that individuals infected with HIV are more susceptible to various forms of tumors compared with immune-competent individuals. The increased susceptibility has been attributed to many factors, including immunosuppression, co-infection with oncogenic viruses, and life prolongation secondary to the use of antiretroviral therapy (2). Actually, osteosarcoma in adult patients with HIV/AIDS has been reported (3). To my knowledge, HIV infection is an important health hazard in Turkey. Though no recent data are yet present on the exact pediatric HIV seroprevalence, the available data have shown that there was an upward trend in HIV infection incidence in Turkey in the last decade, and pediatric HIV infection was reported to constitute 1% of the total cases between 2007-2011 (4). Hence, defining the HIV status in the studied patient by contemplating the diagnostic set of CD4 count and viral overload measurements was solicited. If that diagnostic set was accomplished and

it disclosed HIV infection, the case in question could be truly regarded a novel pediatric case report. This is because HIV- associated pediatric osteosarcoma has never been reported in the pediatric literature to date.

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We appreciate the comments of the authors regarding the immune status of our patient and particularly whether there was an infection with human immunodeficiency virus (HIV) in our case of osteosarcoma of the rib that was recently published (1).

Osteosarcoma is the most common bone tumor of childhood and adolescence; however, the rib is a rare primary site (1). We reported two female patients with osteosarcoma of the rib, both of whom were seronegative for HIV and did not present any immunodeficiency (1, 2). Moreover, in studies that we conducted in different time cohorts within the last two decades, all of the children with cancer were seronegative for HIV both at diagnosis and at the end of treatment (3). Although we have previously shown that there were some cellular immunosuppression at diagnosis in bone and soft tissue sarcomas, none were related to HIV (4). In our cohort of 189 children and adolescents with osteosarcoma, none were seropositive for HIV.

Although the incidence of cancer is elevated in patients with AIDS, the most common malignancies reported are Kaposi's sarcomas, non-Hodgkin lymphomas, some virus-related cancers (cervix, liver, anus, vulva, vagina, penis and oropharynx) and some virus-unrelated cancers (lung, lip, larynx or nasal cavity) (5). In the largest population-based study, which evaluated cancer incidence in 448,258 patients with HIV, no excess risk for bone cancer was reported (5).

Regarding the incidence of HIV-positive patients in Turkey, according to the report of the Turkish Ministry of Health on December 2016, there were 14,695 patients reported between 1985-2016 with the diagnosis of HIV/AIDS, and only 3.1% were younger than 19 years of age (6). In a retrospective analysis, 22 children with HIV were reported by Istanbul University over 14 years,

seven of whom were foreign, and it was reported that HIV in children was rare in Turkey (7).

In conclusion, HIV seropositivity is rare in children in Turkey and the present data in the literature do not suggest an association of bone tumors and HIV.

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