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TO THE EDITOR: Case 4-2009 is a tragic one in many respects: A woman who was unsuccessfully treated for infertility terminated her first, long-sought natural pregnancy after cytomegalovirus (CMV) was detected in amniotic fluid at 21 weeks' gestation. The article clearly shows how difficult diagnosis and counseling for CMV infection in pregnancy can be when experience is limited. The discussants report that when the patient knew the results of amniocentesis, "she believed she could not cope with an infant who was likely to be very sick." Since ultrasonography of the infected fetus was apparently normal, I question which additional data the clinicians used as the basis for such a negative prognosis. Altogether, the impression is that this woman did not receive tailored counseling. In addition, neither administration of hyperimmune globulin in the case of positive results on amniocentesis nor repetition of amniocentesis in case of negative results was recommended. Finally, it is disconcerting that after presenting such a tragic case, the discussants did not include women undergoing assisted procreation procedures among potential target groups for CMV testing. Congenital CMV remains a largely ignored problem.

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THE DISCUSSANTS REPLY: Itskowitz correctly notes that the patient did not take her malarial prophylaxis for a full 4 weeks after returning from the trip to Africa. For this reason, and because antimalarial prophylaxis is not 100% effective

even when taken correctly, malaria was strongly considered in the differential diagnosis. The negative malarial smears were compelling evidence against this infection.

Jones correctly notes that the patient might have had several different parasitic diseases and that the negative examination of the stool for ova and parasites did not absolutely exclude all such diseases. Moreover, he also notes that hepatitis E should have been a diagnostic consideration. Although multiple parasitic diseases and all forms of viral hepatitis were considered by the clinicians caring for this patient, limited editorial space prevented a complete discussion of all possible disorders that might have caused her symptoms.

Finally, Revello expresses concern about the counseling the patient received. In fact, she received detailed counseling about the potential dangers of primary versus recurrent CMV infection and about the limitations of ultrasonography in delineating the full extent of fetal injury. After considerable anguish, she elected to have her pregnancy terminated. Despite the reassuring results on ultrasonography, pathological examination of the fetus showed evidence of severe injury to major organs, notably the lung and liver.

We agree with Revello's statement that women undergoing assisted reproductive procedures are appropriate candidates for CMV screening. We also agree that anti-CMV hyperimmune globulin for the treatment of congenital CMV infection is still experimental. Nevertheless, given the promising report by Nigro et al.,¹ the use of this agent merits further consideration.

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An Unusual Outbreak of Hypoglycemia — A Correction

TO THE EDITOR: In our letter to the Editor (Feb. 12 issue),¹ we reported on 150 nondiabetic patients with drug-induced hypoglycemia due to four

brands of sexual-enhancement drugs that were contaminated with glyburide.

Two recent articles by some of the authors of

our letter have appeared elsewhere. One article described the neuroglycopenic and adrenergic symptoms of severe hypoglycemia in 15 of these patients,² and the other described findings indicative of hypoglycemia on brain magnetic resonance imaging in 7 of these patients³; there were overlaps between these two groups of patients. The cases of hypoglycemia reported in both articles pertained only to the sexual-enhancement drug called Power 1 Walnut. We did not cite these articles, and we regret these omissions.

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Insurance-Industry Investments in Tobacco

TO THE EDITOR: The Obama administration is proposing a major overhaul of the U.S. health care system, and the insurance industry is poised to play a major role in the process. Insurance firms, like any business, are driven by profit, and this fact compromises any health care plan that includes them.

In case there is any doubt that insurers place profit above health, consider their investments in

tobacco. The U.S.-based Prudential Financial provides life insurance and long-term disability coverage and is also a major owner of tobacco stocks, with total tobacco holdings of \$264.3 million (Table 1). The U.K.-based Prudential offers life, health, disability, and long-term care insurance. Prudential's stake in tobacco totals \$1.38 billion. Standard Life, which is also based in the United Kingdom and offers both life and health insur-

Table 1. Insurance-Industry Holdings in Tobacco Companies as of March 26, 2009.*

Insurance Company	Reynolds American	Imperial Tobacco	British American Tobacco	Lorillard	Philip Morris USA	Total
	<i>millions of \$</i>					
Prudential		513.2	871.4			1,384.6
Prudential Financial	69.4			8.8	186.1	264.3
MassMutual	17.3			155.4	412.6	585.3
New York Life	13.0					13.0
Northwestern Mutual	22.8			10.8	202.2	235.8
Standard Life		307.0	641.2			948.2
Sun Life				125.7	889.9	1,015.6
Total	122.5	820.2	1,512.6	300.7	1,690.8	4,446.8

* Data are from the Osiris database.