Hemolytic uremic syndrome and *E. coli* infection in cancerous patients: A topic to be discussed in oncology

Sir,

The *E. coli* outbreak in Europe is a big problem at present. The *E. coli* serotype O104:H4 is the cause of the present epidemic. One thousand infected cases are reported, with some deaths. The complication, namely hemolytic uremic syndrome (HUS), is the problem to be followed-up in the patients. Because the present epidemic is a community-acquired infection that is proved to increase the risk in cancer patients, it is interesting to discuss the nature of HUS in this group of patients. However, there is no present evidence that the HUS will be more serious in cancerous patients. Indeed, *E. coli* infection among the people with cancers is usually more severe than in the general population, but there is no specific study on HUS. Generally, HUS is well described in *E. coli* O157 infection, but it is also reported in the present O104 infection. Of interest, HUS is also described in relation with some treatments for cancerous patients. In interleukin treatment, induction of HUS is reported.[1,2] In addition, HUS can also be seen in cases with occult cancer.[3] However, this cannot lead to the conclusion that HUS will be more serious or more increased in prevalence in *E. coli*-infected cancerous patients.

**REFERENCES**


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Breast cancer, diabetes mellitus and usefulness of immunonutrition

Sir,

I read the recent publication by Kaplan et al. on diabetes mellitus and prognosis in early-stage breast cancer women with a great interest.[1] Kaplan et al. suggested that “diabetes is an independent prognostic factor for breast cancer.”[1] Hence, the management of diabetes in patients with breast cancer seems to be a useful management in cancer therapy. Adding to the standard use of antidiabetic drug, the use of immunonutrition seems to be useful.[2] At least, using supplementations, especially for branch chain amino acid (BCA), can result in improvement of insulin resistance and further reduce tumorogenesis in animal models.[2] Here, the author would like to share his experience on using BCA in a patient with breast cancer. The change of insulin can be seen in this case. This case received BCA supplementation under control of a clinical nutritionist for 1 month. The pre-immunonutrition insulin level was 17.90 and the post-immunonutrition insulin level was 56.23. In addition, decreasing levels of CA15-3 could also be observed (the decreased amount is equal to 4.07). Based on these observations, it can be confirmed that management of diabetes in breast cancer will be useful. Use of BCA helps adjust insulin status and might further be helpful in the control of tumor progression. This case can be supporting evidence to the previous publications on this area.[1,2]