Sir,

I read the interesting case report by Tripathy et al. on the retroperitoneal mature cystic teratoma (RPMCT) in a 3-month-old Indian infant.\(^1\) It is well-known that children with perinatal exposure to human immunodeficiency virus (HIV) are more vulnerable to various tumors compared to nonexposed counterparts.\(^2\) To my knowledge, HIV infection is a worrisome health hazard in India. Although no recent data are yet present on the pediatric HIV seroprevalence, the available data pointed out to the substantial HIV seroprevalence rate of 1.03% among pregnant in India.\(^3\) The HIV status of the mother of the studied infant was regrettably not determined. I presume that some form of vertical HIV transmission needed to be expected in the studied infant. Hence, contemplating the diagnostic battery of CD4 lymphocyte count and viral overload measurements was envisaged in the studied infant. If that diagnostic battery was conducted and it showed HIV infection, the case in question could be truly considered a novel case report in India. This is because HIV-associated RPMCT has never been reported in the pediatric literature so far.

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