

## Infection in Solid-Organ Transplant Recipients

**TO THE EDITOR:** In his review of infections in recipients of solid-organ transplants, Fishman (Dec. 20 issue)<sup>1</sup> discusses *Clostridium difficile* diarrhea in the immediate post-transplantation period. Although this infection has been reported previously in liver-transplant recipients,<sup>2</sup> there is mounting evidence that gastric acid suppression may be implicated in this infection both in the community and in hospitalized patients,<sup>3,4</sup> including patients with cirrhosis.<sup>5</sup> In many institutions that perform transplantation, it is standard practice to prescribe proton-pump inhibitors in the immediate post-transplantation period in order to provide protection against stress ulceration and bleeding in the intensive care setting and subsequently as prophylaxis against ulceration for the duration of a tapering course of corticosteroids. Clinicians need to weigh the risk of life-threatening upper gastrointestinal bleeding against the consequences of potentially unnecessary gastric acid suppression. A potential strategy may be to limit gastric acid

suppression to the intensive care unit and to reduce the use of corticosteroids in immunosuppression.

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## Teriparatide or Alendronate in Glucocorticoid-Induced Osteoporosis

**TO THE EDITOR:** The trial reported by Saag and colleagues (Nov. 15 issue)<sup>1</sup> compared teriparatide (Forteo) with alendronate (Fosamax) in patients with glucocorticoid-induced osteoporosis. The study enrolled patients who had received long-term treatment with glucocorticoids, defined as a mean daily dose of 5 mg or more of prednisone or its equivalent for 3 or more consecutive months preceding the screening visit.

This exposure constitutes a reasonable risk.<sup>1</sup> However, we believe that it is not sufficient to make a proper diagnosis of glucocorticoid-induced osteoporosis in the absence of an objective assessment of the bone mineral density before the initiation of treatment with glucocorticoids in patients with underlying chronic conditions that in themselves could cause osteoporosis — for example, rheumatoid arthritis and inflammatory bowel diseases.<sup>2,3</sup> The osteoporosis in such patients might be related to the underlying disorder.

More important, the authors report the dose of prednisone before the initiation of the study, but

no mention is made of the exposure during the 18-month period of the study. In the absence of data about the cumulative exposure of the two groups to glucocorticoids, a reliable comparison cannot be made.

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**TO THE EDITOR:** In their 18-month, randomized, double-blind, controlled trial, Saag et al. note that teriparatide was significantly better than alendronate in the treatment of patients with glucocorticoid-induced osteoporosis. In the accompany-