

## Lettere consigliate da Spinello Antinori (febbraio 2019)

L'impiego dell'antigene criptococcico (CrAg) è oggi considerato "standard of care" anche nei Paesi a risorse limitate in seguito all'introduzione dei test rapidi immunocromatografici come "point of care" per la diagnosi. L'esecuzione del test è indicata prima dell'introduzione della terapia antiretrovirale nei pazienti con valori dei linfociti CD4+ inferiori a 200/ $\mu$ L come ausilio per una possibile "pre-emptive therapy". Segnalo a questo proposito una bella revisione relativa al ruolo di CrAg recentemente pubblicata su *Journal of Clinical Microbiology*

*Cryptococcal Meningitis Diagnostics and Screening in the Era of Point-of-Care Laboratory Testing.* Rajasingham R, Wake RM, Beyene T, Katende A, Letang E, Boulware DR. *J Clin Microbiol.* 2019 Jan 2;57(1). pii: e01238-18. doi: 10.1128/JCM.01238-18. Print 2019 Jan

Over the past ten years, standard diagnostics for cryptococcal meningitis in HIV-infected persons have evolved from culture to India ink to detection of cryptococcal antigen (CrAg), with the recent development and distribution of a point-of-care lateral flow assay. This assay is highly sensitive and specific in cerebrospinal fluid (CSF), but is also sensitive in the blood to detect CrAg prior to meningitis symptoms. CrAg screening of HIV-infected persons in the blood prior to development of fulminant meningitis and preemptive treatment for CrAg-positive persons are recommended by the World Health Organization and many national HIV guidelines. Thus, CrAg testing is occurring more widely, especially in resource-limited laboratory settings. CrAg titer predicts meningitis and death and could be used in the future to customize therapy according to burden of infection.