We read with interest the article by AZEVEDO et al.\textsuperscript{2} recently published in the REVISTA DO INSTITUTO DE MEDICINA TROPICAL DE SÃO PAULO (Journal of the São Paulo Institute of Tropical Medicine). The authors suggested that mycophenolate mofetil (MMF) may have a protective role against Pneumocystis and patient mortality. However, the ITS allele combination B\textsubscript{1a4} was not part of the panel investigated by MILLER et al.\textsuperscript{8} (GenBank accession numbers, AF\textsubscript{013815} and AF\textsubscript{013826}) has only been reported in six instances, five concerning PCP cases. However, discontinuation of P. jirovecii prophylaxis for patients receiving MMF is not yet recommended.

In this study, we reported a case of severe PCP in a renal transplant recipient which occurred after long-term MMF treatment. It is noteworthy that the patient did not develop the infection until MMF treatment was interrupted, despite the absence of efficient PCP prophylaxis. PCP appears to be rare in patients with MMF treatment as revealed by HUSAIN & SINGH in a review article: in four controlled trials, none of a total 1068 renal transplant recipients who received MMF developed PCP\textsuperscript{9}. These results suggest that the drug is active against P. jirovecii (human derived Pneumocystis) as it was established in rodent models for P. carinii (rat derived Pneumocystis)\textsuperscript{10}. However, discontinuation of P. jirovecii prophylaxis for patients receiving MMF is not yet recommended.

We identified a single P. jirovecii genotype in three subsequent BALs performed during this PCP episode. The analysis of the DHPS locus included in the multi-locus system we chose, since it has previously been suggested that P. jirovecii DHPS mutants have a significant impact on the outcome of PCP and patient mortality\textsuperscript{3}. For our patient, it was improbable that death was related to such a correlation as no P. jirovecii DHPS mutant was detected. We identified a rare allele combination at the ITS locus. The allele combination B\textsubscript{1a4}, wild sequences of DHPS locus, and identical mtLSUrRNA sequences were observed. Thus, by using a multilocus genotyping at three independent loci, a single P. jirovecii genotype was identified, suggesting that the infection was clonal due to only one P. jirovecii strain.

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may have harbored the fungus, at least over a 6-month period after MMF treatment interruption and before developing the present PCP episode. This is consistent with previous studies which established that immunosuppressed patients can frequently be colonized by the fungus. In fact, it cannot be ruled out that the *P. jiroveci* genotype corresponds to virulent organisms proliferating initially in a clonal context or secondarily after selection by MMF treatment. The severity of PCP in our patient may be partly related to his past history of long-term MMF treatment. The present case-report pleads in favor of *P. jiroveci* prophylaxis maintenance in transplant recipients even if the immunosuppressive therapy is based on MMF.

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