

LETTER TO THE EDITOR

Zika virus, coinfections and placenta

Dear Editor,

As has been discussed by Aldo et al.¹ and Joob and Wiwanitkit,² other coinfections and probably comorbidities,³ for example gestational diabetes, would increase the risk for the teratogenic effects induced by Zika virus (ZIKV). Nevertheless, certainly, as commented,² there is still not full understanding of the upraise in microcephaly and other birth defects in Brazil in association with ZIKV, but probably other cofactors should be important. A still moderate to low number of cases of congenital ZIKV syndrome in Colombia with such outcomes are also suggesting that. Unfortunately, the ruling out of other coinfection in the pregnant women is not really routinely investigated in some studies and places in Latin America. Even in the recent paper from Brasil et al.,⁴ about pregnant women with ZIKV in Rio de Janeiro, Brazil, other cofounding variables and cofactors, such as dengue, chikungunya, even toxoplasmosis so common and prevalent in that city and country,⁵ were not specifically assessed.

That investigation,¹ as well others, leads us to consider more and more, on the need for the increase in the awareness about a full infectious agents screening at pregnancy beyond the classical included at STORCH, such as syphilis, toxoplasmosis, rubella, cytomegalovirus, herpes, as well HIV, hepatitis B, malaria, dengue, chikungunya, Rift Valley fever and many more endemic in certain areas related to negative pregnancy outcomes and/or birth defects with or without long-term effects in children. Finally, considering that coinfections may occur, and that, although not yet well understood at immunological and pathological level, these

would increase the risk of placental tissue invasion and negative consequences.

CONFLICT OF INTEREST

None.

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