

HIV in Iran

A recent Editorial (Dec 14, p 1958)¹ in *The Lancet* reiterated that "HIV rates in Iran have increased by 80% per year for the past decade". However, a considerable portion of this increase is due to better testing, reporting, and case finding, and this increase should not be misinterpreted as an increase in HIV incidence rate in Iran. Moreover, the fairness of questioning all the policies taken under the Ahmadinejad presidency can be challenged because undeniable improvements have been made during his era.

Iran benefits from a relatively well functioning HIV surveillance system and has done a good job in controlling the HIV epidemic among injecting drugs users, as well as monitoring the epidemic trend in pregnant women and eliminating the transmission through blood transfusion.² Despite the profound sociocultural, religious, and political barriers, Iran has been able to conduct biannual surveillance surveys among injecting drugs users, female sex workers, partners of injecting drugs users, and prisoners since 2009.³

The main challenge is probably the lack of a fully functioning sensitive case-finding system. The system also lacks a sound follow-up system for detected HIV patients to assess their adherence and compliance to therapy.

Iran has failed to address the needs of certain populations such as men who have sex with men, partners of injecting drugs users, and clients of female sex workers. A failure that has been fuelled by the deeply rooted sensitivity, silence, and stigma surrounding such populations and even denial of their existence from the ex-president. Another serious concern less discussed is the financial challenges faced by the HIV/AIDS Control Office. Such restrictions were partly due to austerity policies taken by the government and partly due to the burden of global sanctions on the health-care system.

AS is manager of the National AIDS Programme and participated in the implementation of Iran's HIV/AIDS control programme. The other authors declare that they have no competing interests.

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"WhatsAppitis"

A 34-year-old emergency medicine physician, 27 weeks pregnant, presented with bilateral wrist pain with sudden onset upon waking up one morning. She had no history of trauma and had not engaged in any excessive physical activity in the previous days. Hands examination revealed discomfort upon bilateral palpation of the radial styloid and mobilisation of the thumb. Physical examination was negative for Phalen's sign and Tinel's sign but positive for Finkelstein's sign. Because of the patient's pregnancy, x-rays were not taken to rule out rhizarthrosis. The diagnosis was bilateral extensor pollicis longus tendinitis of the thumb.

The patient was on duty on Dec 24 (Christmas Eve), and the following day, she responded to messages that had been sent to her on her smartphone via WhatsApp instant messaging service. She held her mobile phone, that weighed 130 g, for at least 6 h. During this time she made continuous movements with both thumbs to send messages.

The diagnosis for the bilateral wrist pain was WhatsAppitis. The treatment

consisted of non-steroidal anti-inflammatory drugs and complete abstinence from using the phone to send messages. Because of her pregnancy, the patient only took acetaminophen (1 g every 8 h for 3 days) with partial improvement, and did not completely abstain from using her phone, with exchange of new messages on Dec 31 (New Year's Eve).

A so-called Nintendinitis was first described in 1990,¹ and since then several injuries associated with video games and new technologies have been reported.^{2,3} Initially reported in children, such cases are now seen in adults. Tenosynovitis caused by texting with mobile phones could well be an emerging disease. Physicians need to be mindful of these new disorders.

I declare that I have no competing interests.

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Cuzick J, Sestak I, Forbes JF, et al, on behalf of the IBIS-II investigators. Anastrozole for prevention of breast cancer in high-risk postmenopausal women (IBIS-II): an international, double-blind, randomised placebo-controlled trial. *Lancet* 2014; **383**: 1041–48—The webappendix of this Article has been corrected as of Feb 6, 2014.

Cuzick J, Sestak I, Forbes JF, et al, on behalf of the IBIS-II investigators. Anastrozole for prevention of breast cancer in high-risk postmenopausal women (IBIS-II): an international, double-blind, randomised placebo-controlled trial. *Lancet* 2014; **383**: 1041–48—In the Results of this Article, the fourth sentence of the sixth paragraph should have read "Notably, gastrointestinal cancers (p=0.05) and skin cancers overall (p=0.05) were more common in the placebo group than in the anastrozole group". This correction has been made to the online version as of March 21, 2014, and to the printed Article.

Mullard A. FDA's rejection of alemtuzumab divides neurologists. *Lancet* 2014; **383**: 859—In this World Report (March 8), Dennis Bourdette's surname was spelt incorrectly. This correction has been made to the online version as of March 21, 2014.



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