We believe that the patient’s intravenous catheter was the source of the infection because she did not have wound infections, and cultures of her urine were negative for infectious agents. Antimicrobial drug treatment, selected on the basis of an in vitro *S. mucosissima* susceptibility profile, facilitated the patient’s recovery. This case report illustrates that the pathogenic potential of *S. mucosissima* should be considered in diagnosis in such cases because the organism can cause bacteremia in patients, primarily in those with underlying debilitating conditions and those who have undergone medical interventions.

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**LETTERS**

**WU Polyomavirus in Fecal Specimens of Children with Acute Gastroenteritis, China**

To the Editor: WU polyomavirus (WUPyV) is a recently described PyV found in patients with acute respiratory tract infections (1). The role of the virus in disease pathogenesis remains unclear. The ability to detect it in clinical specimens would help in the determination of its replication sites and its routes of transmission and dissemination. WUPyV has been found in specimens from the respiratory tract only (1).

Previous studies of other PyVs, including BK virus, JC virus, and the newly identified KIPyV, demonstrated their presence in fecal specimens (2,3), which suggests their potential for transmission through the gastrointestinal (GI) tract (2). Because some children (6.8%–27.7%) who had WUPyV results in previous studies (1,4,5) displayed respiratory and GI clinical signs, we speculated that WUPyV might also be transmitted through the GI tract.

In this study, we tested for the presence of WUPyV in children with acute gastroenteritis. A total of 377 fecal specimens were collected from children with acute nonbacterial gastroenteritis at the Outpatient Clinic Department of the Beijing Children’s Hospital from March 2006 through November 2007. Patients with nonbacterial gastroenteritis were defined as 1) those who had acute, watery, but not bloody, diarrhea, accompanied by other clinical signs and symptoms such as fever, abdominal cramps, nausea, vomiting, and headache; and 2) those who had negative test results for any known bacteria that might cause gastroenteritis, such as *Salmonella* spp., *Shigella* spp., *Staphylococcus* spp., *Campylobacter jejuni*, *Clostridium* spp., *Escherichia coli*, and *Yersinia* spp.

All patients, whose ages ranged from 1 month to 13 years (mean age 11.7 months, median age 9 months), did not exhibit apparent clinical respiratory signs. Fecal specimens from patients were diluted in phosphate-buffered saline (pH 7.2) by using a 10% wt/vol ratio and were cleared of cell debris by centrifugation (2,500 ′ 10 min). Virus nucleic acids were extracted by using the NucliSens miniMAG and isolation reagents according to the manufacturer’s instructions (bioMérieux, Marcy l’Etoile, France). Samples were subsequently screened for group A rotavirus (RVA) by using the rotavirus ELISA diagnostic kit (Lanzhou Institute for
reason for the presence of WUPyV in the GI tract is unclear. Our findings were unlikely to have been caused by cross-contamination because samples were prepared and analyzed in 2 laboratories independently, and strict controls were used during the process of nucleic acid extraction and PCR analysis to monitor contamination.

WUPyV may act as an opportunistic pathogen in the GI tract, colonize the GI tract without causing any disease, or be a part of the endogenous viral flora that are reactivated by other viral infections (1). However, although positive samples were obtained from patients who had acute gastroenteritis without any apparent clinical respiratory symptoms, we cannot exclude the possibility that the detection of WUPyV in fecal specimens might result from its transient presence in patients who have swallowed virus-containing sputum or nasal secretions. It is also possible that WUPyV persists in the respiratory tract without inducing symptoms (8,9). Thus, the study of asymptomatic control groups of patients with diarrhea was of particular interest because these patients may provide critical insight into the pathogenesis of WUPyV.

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