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**THE AUTHORS REPLY:** Greig and O'Sullivan question the infectious nature of the intraaortic vegetation and apparently the diagnosis of endocarditis as well. We do not agree.

Since the patient had fever, valve destruction, valve vegetations, and microbiologic proof of the presence of pathogens, the standard criteria for infectious endocarditis were fulfilled. On initial transesophageal echocardiography, the aorta was normal, and 6 weeks later, the intraaortic vegetation was visible. Microscopical examination of the intraaortic mass showed neutrophils and grampositive staphylococci. Two types of staphylococci, with identical susceptibility patterns, were found on mitral valve, aortic valve, and intraaortic vegetation. These facts make the probability of contamination negligible. Although there is a small but residual degree of uncertainty regarding differentiation between an infected intraaortic thrombus and a primary vegetation, the presence of 2 cm<sup>3</sup> of infected material seems clinically relevant. We believe that it is important for the practicing clinician to consider unusual presentations of life-threatening diseases, even if they are not part of a standard classification.

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## **Acute Wiiitis**

**TO THE EDITOR:** A healthy 29-year-old medical resident awoke one Sunday morning with intense pain in the right shoulder. He did not recall any recent injuries or trauma and had not participated in any sports or physical exercise recently. He consulted a rheumatology colleague. The Patte's test was positive, consistent with acute tendonitis isolated to the right infraspinatus.

After further review of his activities during the previous 24 hours, the patient recalled that he had bought a new Nintendo Wii (pronounced "wee") video-game system and had spent several hours playing the tennis video game. With the Wii system, the player faces a video screen and moves a handheld controller (approximately 14.5 cm by 3.0 cm by 3.0 cm, with a weight of approximately 200 g) containing solid-state accelerometers and gyroscopes that sense three-dimensional spatial movements. In the tennis video game, the player makes the same arm movements as in a real game of tennis. If a player gets too engrossed, he may "play tennis" on the video screen for many hours. Unlike in the real sport, physical strength and endurance are not limiting factors.

der pain was Nintendinitis. However, the variant in this patient can be labeled more specifically as "Wiiitis." The treatment consisted of ibuprofen for 1 week, as well as complete abstinence from playing Wii video games. The patient recovered fully. Nintendinitis was first described in 1990,<sup>1</sup> and there have been many case reports of injuries related to intensive use of recreational technologies, mainly in children and mainly from intensive use of the extensor tendon of the thumb.<sup>2-5</sup>

With the growing use of this new video-game system, the risk of the Wiiitis variant may be higher than that of Nintendinitis reported in the literature, especially among adults. The available games for the Wii system already include golf, boxing, baseball, and bowling. Future games could involve different and unexpected groups of muscles. Physicians should be aware that there may be multiple, possibly puzzling presentations of Wiiitis.

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The final diagnosis for the isolated right shoul-

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