

The problem of infections poses never-ending challenges to the clinicians. Such problems are definitely more in tropical countries. In Kerala, we are witnessing rapidly changing epidemiology of infections. Many diseases which we have eradicated (e.g. malaria) are coming into existence again. We are identifying new infections like scrub typhus. This may be due to new real infections or new detection of existing infections because of better diagnostic tests. These infections often involve multiple organ systems, and hence, there is a need for wider awareness among both general practitioners and specialists. Currently there is also a great need for intensive research in tropical diseases, particularly infections. Consequently, the domains of clinical microbiology need wider and faster expansion.

One such emerging infection increasingly reported from many parts of India including Kerala is melioidosis. It is caused by Gram-negative soil-dwelling bacteria, now called *Burkholderia pseudomallei*. There is a review article in the Jan.–June issue which would be informative both for microbiologists and clinicians. The difficulties in the lab diagnosis and differences in the clinical presentations are highlighted. However, the

diagnosis of melioidosis is important since it requires prolonged antibiotic therapy, first with Ceftazidime or Carbapenems followed by Cotrimoxazole for 3–6 months. The issue also contains a report of three cases of melioidosis from central Travancore, of which one case is an expatriate working in the Middle East. We, in Thiruvananthapuram, also come across cases of melioidosis among Keralites working as manual labourers in Gulf countries.

There is an original article highlighting Cefotaxime resistance in *Pseudomonas aeruginosa* strains isolated from pus and urine. However, most of these strains were sensitive to Imipenem. Another clinically relevant study in the same issue reports that different β -lactam-resistant phenotypes of Enterobacteriaceae can be detected using a novel 12-disc procedure. There are six other case reports that would be interesting to the clinicians as well.

The journal now comes in a new format with better print and layout. It might attract more readership.

K. R. Vinayakumar

Department of Gastroenterology,
Government Medical College,
Thiruvananthapuram, Kerala, India

Address for correspondence: Dr. K. R. Vinayakumar,
E-mail: vinayakumar@sify.com

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