

Editorial comments on JACM, Vol 17, No. 1, Jan-Jun 2015

The original research on the determination of resistance to Vancomycin, Teicoplanin and Linezolid among staphylococcal isolates attempts to determine the sensitivity pattern among Methicillin sensitive (MSSA) and Methicillin-resistant *Staphylococcus aureus* (MRSA). Research documents the emergence of resistance to all three drugs among methicillin-resistant coagulase-negative staphylococci (MRCoNS). Efforts to prevent misuse of newer antibacterial agents and the emergence of resistance is a major clinical challenge to be addressed.

From a public health point of view, understanding the epidemiology of non-typhoid *Salmonellae* (NTS) in India and periodic accurate surveillance of NTS is necessary to portray the ongoing pattern of disease transmission, properties of various serotypes and their antibiotic sensitivity pattern. With NTS gaining eminence in recent years, article by Oomen et al. seems to be the first of its kind to enumerate the serotypes in Central Kerala.

Corneal infection being one of the common causes of blindness in developing countries, clinical suspicion and recognition of mycotic keratitis by ophthalmologists assumes significance. The study by Gouravalingappa L et al has thrown light on the prevalence and etiology of corneal ulcer in rural south India. The article emphasizes the timely recognition of cases and instituting appropriate therapy in time, thereby averting the potential serious complications from mycotic keratitis.

Enteroaggregative *Escherichia coli* (EAEC) was found to be the most frequent pathotype in the study by Sunita Singh et al. in Lucknow, Uttar Pradesh, India in children <5 years hospitalised for persistent diarrhoea. The bacterium responsible for 50% of the cases of persistent diarrhoea in India was reported from Delhi, India and named as EAEC [All India Institute of Medical Sciences (AIIMS), 1994]. This study raises the critical issue of progressive increase in antibiotic resistance among enteric pathogens in developing countries, which is a research priority of the

Diarrhoeal Disease Control program of the World Health Organization.

With the development and widespread use of antibiotics, the types of pathogenic microorganisms implicated in acute and chronic suppurative otitis media (CSOM) and their resistance to antibiotics have changed. Continuous and periodic evaluation of microbiological pattern and antibiotic sensitivity of isolates is necessary to decrease the potential risk of complications by early institution of appropriate treatment. Authors in the prospective study have attempted to find out the prevalence of bacterial and fungal pathogens in acute and chronic otitis media and characterise their antibiogram that aids the physicians to plan treatment in the local setting.

Research on the clinical profile of scrub typhus in north Kerala by Priyadarshini et al., has revealed notable findings, with myocarditis being reported more in females and the possible emergence of Doxycycline resistance in this geographical setting. Clinical symptomatology in the study setting is consistent with various other studies in India. As the authors state, treating physicians at the primary and secondary care levels need to have a high degree of clinical suspicion and be aware of the possibility of scrub typhus in the appropriate clinical setting, even in the absence of response to Doxycycline.

The editorial on fungal isolates by Shabina et al. and Kalpana et al. needs special mention and the special article on fungal isolates based on data from 11 centres in India (2014), by Mini PN, reveals non-albicans *Candida* as an emerging pathogen in the health care settings. Recognition of opportunistic fungal infections and isolation of the pathogen from blood saves the delay in administering lifesaving drugs. An article on enteric fever and antimicrobial susceptibility pattern by Samitha Nair et al. highlights a shift among patterns of salmonella drug resistance with focus on fluoroquinolones. In south Kerala, where the study was conducted, authors

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cite 3rd generation cephalosporins as the best treatment option, and Azithromycin as the stand by drug. It is noteworthy that time-tested drugs such as Ampicillin, Chloramphenicol and Co-trimoxazole are still effective. Authors recommend region-wise treatment protocols based on susceptibility patterns that may aid the treating physicians.

Case reports on *Rothia pneumonia*, erysipeloid, nocardial brain abscess and discitis by *Serratia* and chronic osteomyelitis by *Salmonella typhimurium* (*S. Typhimurium*) are informative and need special mention.

Sreekanth et al. has reported that though prevalence of pan-resistance in acinetobacter is still not very high in India, increasing Tigecycline resistance presents a threat. *Acanthamoeba keratitis* by Anna Cherian makes a very interesting read.

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