

Editorial comments on JACM, Volume 17, Issue 2, July–December 2015

The articles published were all worth a read and would go a long way in enhancing the expertise of microbiologists and clinicians alike, helping us to get ahead in the war with microbes, who sometimes seems to be getting the upper hand. The layout and presentation also matched the content in quality.

Oommen *et al.* have opened up exciting possibilities with regard to drug resistance in health-care settings, with their observation that *Pseudomonas* isolates are becoming more drug-sensitive, despite more widespread use of antimicrobials. This phenomenon could augur well for research in drug resistance by other pathogens.

The paper by Bhamra *et al.* is an eye opener to the vexing problem of fungal sepsis including increased incidence and diagnostic challenges. The alarming trend of rising incidence of fungal sepsis among immunocompetent patients is a wake-up call for clinicians, who also need to be aware of the recent trend of non-albicans *Candida* species becoming the most prevalent species.

Singhal *et al.* in their study from North India on *Candida* isolates in urine also pointed out the emergence of non-albicans species as the predominant species and caution against the indiscriminate usage of antifungals since resistance to Fluconazole and Amphotericin B is showing an upwards trend.

Pyogenic meningitis continues to be a dreaded scourge resulting in neurological sequelae and death. The importance of rapid diagnostic tests cannot be overemphasised, since the time for diagnosis and initiation of appropriate antibiotic therapy is the critical determinant of outcome. The article by Jyothi *et al.* examines the usefulness of a latex agglutination test for diagnosis with reference to culture as the gold standard and is relevant in the present situation where a large number of patients are diagnosed after failure to respond to one or more antibiotics.

Menon *et al.* examine the clinico-epidemiological characteristics of pyogenic and amoebic liver abscesses in their study, which is the first of its kind from Kerala. The usefulness of serological testing for rapid diagnosis and initiation of treatment for amoebic liver abscess augurs well for afflicted patients, who are often at the prime of life and are the bread winners of their families.

In a paper on clinico-microbiological correlates of diabetic foot ulcers, Nair *et al.* attempt at the prediction of infection by multidrug-resistant organisms based on clinical clues and proceed to suggest an antibiotic protocol for this life-threatening condition, which if not tackled properly could result in amputation of the affected limb.

The emergence of resistance to erythromycin among Group A *Streptococcus* isolated from school children in Uttar Pradesh by Singh points to the need for further studies to guide empirical therapy of this extremely common infection with its potential to result in worrisome complications.

The consequences of nasal carriage of methicillin-resistant *Staphylococcus aureus* (MRSA) among health-care workers are an issue that is of current relevance. The paper by Majety *et al.* also focused on the need to educate health-care personnel on the risks of nasal carriage of MRSA to themselves and their patients and the techniques to do so.

The short communications and case reports were also engaging and well written.

All in all, a must read for all who are involved in the diagnosis, treatment and prevention of infectious disease in this part of the world.

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Access this article online

Quick Response Code:



Website:
www.jacmjournal.org

DOI:
10.4103/0972-1282.184763

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How to cite this article: Govindaraj G. Editorial comments on JACM, Volume 17, Issue 2, July–December 2015. *J Acad Clin Microbiol* 2016;18:2.