Infection and Drug Resistance

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LETTER

Microbial Nomenclature and Laboratory Standards: Two Key Aspects to Consider [Letter]

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Dear editor

Bloodstream infections (BSI) are always life threatening and cause high mortality, if left untreated.[1] We read a recently published study titled "Distribution and Drug Resistance of Pathogenic Bacteria and Prognosis in Patients with Septicemia Bloodstream Infection with Renal Insufficiency" with keen interest to know if there is any significant association between bacteria and septicemia with renal insufficiency.[2]

Although the authors have worked substantially, there are several points which need to be reviewed urgently:

1. The authors, in Table 2, have written two microorganisms; Glucococcus aureus and Pseudomonas albicans, which are misnomers and should never be inserted into the scientific literature.
2. The authors failed to mention the correct procedure of blood culture. Moreover, serum separation from blood sample and later inoculating bacterial drop on culture plate, somewhere confirms that the accurate procedure for blood culture was not followed in this study.[3]
3. The authors, in this study, evaluated antibiotic susceptibility pattern of various bacterial strains by using Kirby-Bauer disc diffusion method as per CLSI guidelines, 2015.[4] However, following antibiotic-bacteria combinations are not recommended as per CLSI (Table 1).
4. The Authors reported that 66.67% isolates of *Streptococcus pneumoniae* were resistant to penicillin. However, CLSI does not recommend to report penicillin-resistant *S. pneumoniae* on the basis of the disk diffusion method.[5]

Table 1 Antibiotic-Bacteria Combinations are Not Recommended as per CLSI

Sr. No.	Antibiotic	Tested Against	Reason for Not to Be Tested
a.	Tigecycline	*Klebsiella pneumoniae, Escherichia coli* and *Pseudomonas aeruginosa*	Not as per CLSI (2015) guidelines
b.	Cefoperazone	*Klebsiella pneumoniae, Escherichia coli, Acinetobacter baumannii* and *Pseudomonas aeruginosa*	Not recommended for *Acinetobacter baumannii* and *Pseudomonas aeruginosa* as per CLSI (2015) guidelines
c.	Cefazoline	*Streptococcus pneumoniae, Staphylococcus aureus* and *Enterococcus* spp.	Not recommended as per CLSI (2015)
d.	Gentamicin	*Enterococcus* spp.	Not recommended as per CLSI (2015)
e.	Clindamycin	*Enterococcus* spp.	Not recommended as per CLSI (2015)
f.	Azithromycin	*Enterococcus* spp.	Not recommended as per CLSI (2015)

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Disclosure

The authors declare no conflicts of interest in this communication.

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