

CORRESPONDENCE

Content

Response to "Resistance and sensitivity pattern of *Staphylococcus aureus*:
A study in Lady Reading Hospital, Peshawar"

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This correspondence may be cited as: Bari F. Response to "Resistance and sensitivity pattern of *Staphylococcus aureus*: A study in Lady Reading Hospital, Peshawar". J Postgrad Med Inst 2013; 27(2): 228-30.

I have been following the progress of JPMI for quite some time and am very glad with its growth. It is definitely an inspiring journal which supports research, especially in Pakistan.

While going through the latest issue, Volume 27, January - March 2013, I came across an article, entitled "Resistance and sensitivity pattern of *Staphylococcus aureus*: A study in Lady Reading Hospital Peshawar"¹. I have several reservations regarding this article, which is related to my unit (Department of Microbiology, Lady Reading Hospital Peshawar- Pakistan). I feel these should be highlighted as the publication of such fabricated article with erroneous data may give a bad name to my department as well as to the journal. It is very sad to know how a teacher (primary author of the article) and several of his students have dared to publish an article for which they have done nothing practically. Each paragraph of the whole manuscript is concocted. I will not go into details but would like to draw attention to a few leading points.

- ❖ None of the authors including the respectable teacher have visited Department of Bacteriology/Microbiology during or before the period mentioned in the study.
- ❖ During the said period i.e., October 2010 to September 2011, our record at the Department Of Microbiology, Lady Reading Hospital Peshawar shows 1803 positive cases and not 2058 cases, as claimed by the authors. Out of these, *Staphylococcus aureus* obtained were 437 and not 723.
- ❖ Authors had no sound knowledge of *Staphylococcus aureus* as it is confusing whether they are discussing MSSA (Methicillin Sensitive *Staphylococcus Aureus*) or MRSA

(Methicillin Resistant *Staphylococcus Aureus*). To keep the record straight, MRSA were 232 out of 437 i.e., 53% and not 31.5%, as mentioned in their manuscript.

- ❖ McConkey medium has inhibitory effect on the growth of gram positive cocci. Therefore, we don't use it for isolation of *Staphylococcus aureus* at Department Of Microbiology, Lady Reading Hospital Peshawar.
- ❖ Clinical and Laboratory Standards Institute (CLSI) does not recommend all beta lactam antibiotic discs to be placed on the same *Staphylococcus aureus* lawn on Mueller Hinton agar². Only penicillin G and Cefoxitin disc are used in our laboratory as per CLSI recommendation. This is the standard method for sensitivity profile of *Staphylococcus aureus* to beta lactam antibiotics.
- ❖ A few technical points which are not clear in the manuscript may also be kept in mind. *Staphylococcus aureus* sensitive to penicillin G is also sensitive to other penicillins (like Ampicillin, Amoxicillin, Piperacillin etc.), Anti staphylococcal penicillins (Oxacillin, flucloxacillin, etc.), Cephalosporins and Carbapenem. Also, Penicillin resistant strains will remain resistant to all penicillins except penicillinase stable penicillins (including Cephalosporins, Carbapenem and Beta lactam/ Beta lactamase inhibitors). Cefoxitin resistant *Staphylococcus aureus* are resistant to all beta lactam antibiotics irrespective of their zone sizes in vitro. So the claim to check the sensitivity of *Staphylococcus aureus* against fourteen antibiotics is baseless. We at the Department Of Microbiology, test *Staphylococcus aureus* against non beta lactam antibiotics such as Vancomycin, Linezolid, Ciprofloxacin, Doxycyclin, Fusidic acid, Cotrimoxazole, Chloramphenicol, Azithromycin etc. Enoxacin is recommended against Coagulase negative *Staphylococcus species* and not against *Staphylococcus aureus*.

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- ❖ Methicillin disc is no longer used for MRSA detection. This obsolete anti biotic is not recommended for any *Staphylococcus* infection. MRSA is a misnomer but unfortunately still in used in the literature, occasionally.
- ❖ Teicoplanin is as effective as Vancomycin. So for we have never reported *Staphylococcus aureus* resistance to Teicoplanin. The 19.1% resistant strains reported in the study is beyond imagination.

In brief, the entire article is baseless having nothing to do with reality. It is apparent from the manuscript that the primary author has never discussed his ideas with anyone working in a bacteriology lab. He may also have misguided his students regarding medical writing. Most

importantly, it is very unfortunate that this article has conveyed false information to the clinicians regarding therapeutic options for *Staphylococcus aureus* infection.

REFERENCES

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2. Clinical and Laboratory Standards Institute (CLSI). Performance Standards for Antimicrobial Disk Susceptibility Testing: Twentieth Informational Supplement, M100-S20. Wayne, Pennsylvania: Clinical and Laboratory Standards Institute; 2010.