Madam, We read with interest the article titled ‘Antibiotic Susceptibility profile of bacterial isolates from post-surgical wounds of patients in tertiary care hospitals of Peshawar, Pakistan’ by Hubab et al.1 Surgical site infections (SSIs) are associated with considerable morbidity and mortality worldwide2 and contribute to about fifteen percent of all hospital acquired infections.3 Hence, we compliment the authors for investigating this essential subject matter. However, we would like to highlight certain technical aspects of the study which, if appropriately addressed by the authors, would have provided a better insight into their investigation.

The authors stated that multiple agars such as MacConkey and blood were used to inoculate bacteria, albeit, all samples were later incubated aerobically for 24 hours at 37°C.1 However, this technique would have completely destroyed anaerobes, which can be the potential causative agents in this case. In a similar study published in Maced J Med Sci, a total of 48 out of 1094 (4.4%) specimens (swab, pus, aspirates, punctuates, necrotic tissue) were found to contain anaerobes.4 Anaerobic bacteria require special media for their isolation such as Schaedler agar. Moreover, a longer duration of time is allotted for their growth i.e. between 48-72 hours.4 Therefore, it is a serious oversight not to consider anaerobic bacteria as the possible culprits in this experiment and limits the reliability of its results.

Therefore, for accurate antibiotic susceptibility profiles, both aerobic and anaerobic bacteria should have been taken into account and separate culture media should have been used for their isolation.

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References

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relatively limited number of organisms are responsible for
clinical disease in patients with surgical infections. Although the gastrointestinal tract is often viewed as the
"mother lode" of anaerobic bacteria, the metabolic and
physiological derangement that occur in the diabetic
patient population places these patients at risk for
selected anaerobic infection. The patient with diabetes is
often afflicted with vascular occlusive disease, peripheral
neuropathy, and a hyperglycaemic state that enhances an
environment conducive for microbial proliferation. Anaerobic bacteria can be recovered from >87% of
diabetes-related foot infections. Therefore, taking into account the above mentioned
reasons they were excluded from the present study,
though the other part of our project is based purely on
the isolation of anaerobic bacteria from surgical sites
which will also be published soon and available to valued
readers.

References
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