Dear Editor,

I read with interest the article “Prostatic abscess by Staphylococcus aureus in a diabetic patient”[1] published in the Oct–Dec 2008 issue of the Indian Journal of Medical Microbiology. The article describes a rare case of prostatic abscess. However, several aspects of the article need to be set in the correct perspective so that the practice of clinical microbiology in India is enriched. Infections with S. aureus are common in diabetics. The prostatic abscess with S. aureus is most probably haematogenous. A blood culture taken from the patient would have been very useful. Prostatic abscess is unlikely to be the primary pathology and the source is likely to be elsewhere (endocarditis, discitis or osteomyelitis). In any case, these sources or complications need to be ruled out.

Treatment with penicillinase-resistant penicillins (flucloxacinil, cloxacillin or nafcillin) given intravenously is the treatment of choice for S. aureus infections.[2] These penicillins concentrate sufficiently in the prostate in the presence of inflammation to achieve a time-dependent killing. Analysing the pharmacokinetics and pharmacodynamics of ciprofloxacin in S. aureus infections of the prostate, the Cmax/minimum inhibitory concentration (MIC) ratio (the maximal tissue concentration of the drug divided by the MIC) achieved is about 8–20. Being a concentration-dependent drug, ciprofloxacin needs to have a much higher Cmax/MIC ratio to achieve adequate cure. In addition, S. aureus rapidly develops resistance through mutations on ciprofloxacin monotherapy.[3] For these reasons, ciprofloxacin should not be used in the treatment of S. aureus infections.

The authors do not mention the duration of antibiotic treatment. Although the abscess was drained, antibiotics for at least 4 weeks are needed to achieve complete cure. Cefotaxime should not be tested against S. aureus, should not be reported and S. aureus infections should not be treated with it. Reporting wrong antibiotic susceptibilities will only encourage improper use of antibiotics.

REFERENCES


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