Salmonella Paratyhi A or S.Paratyphi A. In 1999, at the ASM Publication Board Meeting, a proposal that all relevant ASM journals adopt the Salmonella nomenclature currently used at CDC, was unanimously endorsed by the board with plans to update 2000 ASM Instruction to authors. Currently, most of the journals all over the world have adopted this system.

Salmonella nomenclature is complex and scientists use different systems to refer to and communicate about the genus. However, uniformity in this regard is necessary for communication between scientists, health officials and public. The Salmonella nomenclature currently used at CDC adequate addresses the concern and requirements of clinical and public health microbiologists.

References

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Received: 15-10-2004
Accepted: 17-12-2004

Keratitis due to Colletotrichum dematium

Dear Editor,

We read with great interest the case report by Mendiratta et al.1 Concerning keratitis due to Colletotrichum dematium. Although two such studies2,3 have already been reported from India, we appreciate the authors’ interest in reporting the clinical features and microbiological aspects of another patient with Colletotrichum keratitis, particularly since this patient is from a different region of India. We would, however, like to offer a few comments:

1. It would have been very useful if further details on the clinical aspects, particularly the outcome of therapy, had been provided. What was the rationale for treating the patient with antibacterials, in conjunction with antifungals?

2. Was there any special reason for the authors to use three slants of the same medium (Sabouraud dextrose agar) for inoculation of the corneal scrapings? Although slants are helpful to ensure that contamination is minimised, it is very difficult to determine the significance of primary growth appearing on slants. Hence, plate cultures are encouraged to assess whether the growth is from the inoculated specimen or is a contaminant (the corneal scrapes are inoculated in the form of “C” streaks on the plate; only growth on the ‘C’ streaks is deemed significant).

3. The criteria followed to consider the growth to be significant are not stated.

4. The photographs are excellent. However, the legends do not correspond to the figures as they appear in the manuscript. For example, in figure B, the reverse of the colony, as it appears in the photograph, does not exhibit a deep brown colour; in figure C, the shape of the C.dematium conidia is not clearly visible in the picture. There are also a few spelling mistakes in the legends to the figures. The spelling of “appresorium” should be “appressorium”, similarly the “conida” should be “conidia” and “acervullus” should be acervulus”.

5. The authors have described the setae as being non-septate; however, line drawings of the setae, as they appear in a standard atlas of mycology by de Hoog and Guarro,4 suggest that these are, in fact, septate.

6. There are some mistakes in the references cited.
   a) In reference no.4 (Kaliamurthy et al), the journal volume number should be 23 and not 21.
   b) We believe that the citation of reference no.6 is also wrong. The cover of the book ‘Atlas of Clinical Fungi’ clearly states ‘edited by G.S. de Hoog and J.Guarro’ and not the other two names. Similarly, we believe that the authors have referred to the first edition of the book, which was published in 1995, and not to the second edition, which was published in 2000.
   c) In reference no. 5 cited, fungus name should be “Colletotrichum dematium” and not “Colletotrichum dematius” (as printed).
References


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Received: 07-03-2005
Accepted: 21-05-2005

Author’s Reply

Dear Editor,

We thank Drs. J Kaliamurthy and Philip A Thomas for their keen interest and critical evaluation of our article. I am herewith giving my response to their queries and comments.

Our laboratory receives on an average 960 specimens per week and of these only 3-4 are for fungus culture. Very occasionally we receive corneal scraping for fungus culture and this is usually in an emergency. For routine fungus culture SDA slants are available and are also used for corneal scrapings when received in emergency. Plates are made available for corneal scrapings only if the clinician provides prior information. The three SDA slants (a. plain, b. cycloheximide, c. chloramphenicol + gentamicin) are normally inoculated for all fungus cultures and therefore were also inoculated in the present case for the above reasons. However, we are aware that inoculation of one slant with chloramphenicol would have been sufficient and as per the standard technique ‘C’ streaks on plate are preferred. Having said that, inoculation of slants does minimize contamination. The three SDA slants are sufficient to collect a sample of each fungus cultured and therefore were inoculated in the present case for the above reasons. However, we are aware that inoculation of one slant with chloramphenicol would have been sufficient and as per the standard technique ‘C’ streaks on plate are preferred. Having said that, inoculation of slants does minimize contamination. The three SDA slants are sufficient to collect a sample of each fungus cultured and therefore were inoculated in the present case for the above reasons.

However, we are aware that inoculation of one slant with chloramphenicol would have been sufficient and as per the standard technique ‘C’ streaks on plate are preferred. Having said that, inoculation of slants does minimize contamination. The three SDA slants are sufficient to collect a sample of each fungus cultured and therefore were inoculated in the present case for the above reasons.

The original colony and the photograph of the colony showed deep brown reverse. The printed photo B has some remnants of deep brown reverse (lower left corner). The typing mistakes on the legend of photograph are regretted, however the same have been correctly spelt in the text. The morphology of the conidium should be observed in photo E1 as mentioned and not photo C, though photo C, which basically shows fruiting body and also abundant conidia, does show falcate conidia in the area that shows sparse presence of the conidia. The authors did not see septate setae.

The mistakes in the reference 4,5 and 6 are regretted, however the reference 5 was added after the proof reading by the authors.

The outcome of the patient could not be ascertained as the patient was lost to follow up and was not traceable at the address mentioned, as has also been mentioned in the text of the article. The patient preferred to leave against advice, ever before the report of culture could be released, hence he continued to receive both the antibacterial and antifungal started at the time of admission. However, the same combination of antibiotics continued to be used for variable period of time with success even after the confirmation of the fungus (C. dematium) on culture by the laboratory.

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