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 as has also been referred to by Dr Kaliamurthy. The very facts that the specimen was collected with full aseptic precautions, phaeoid hyphae were seen in direct microscopy, C. dematium grew not only on plain SDA but also on SDA with chloramphenicol and no other pathogen was isolated, shows that the growth was significant.

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 final 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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