

Comments on Muhammad Hubab et al (J Pak Med Assoc. 68: 1517-1520, 2018)**Antibiotic susceptibility profile of bacterial isolates from post-surgical wounds of patients in tertiary care hospitals of Peshawar, Pakistan**

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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

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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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