

Response to 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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We are really thankful to the esteemed reader for showing the keen interest in our manuscript. The reader has highlighted a technical issue relating to our methodology in respect of non-selection/culturing of anaerobes which is worth appreciation. Non-culturing of anaerobes may be the limitation of the study but may not be termed as limitation of reliability of results since only anaerobes

were taken into account for this publication.

Anaerobic bacteria constitute a significant part of our indigenous flora¹. Any event compromising the oxidation-reduction potential within the tissues facilitates the anaerobic growth. Mostly anaerobic organisms are spread throughout the gastrointestinal tract, and

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

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environment conducive for microbial proliferation. Anaerobic bacteria can be recovered from >87% of diabetes-related foot infections².

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

1. Finegold SM. Overview of clinically important anaerobes. Clin Infect Dis 1995; 20:S205–207.
2. Edmiston CE, Jr, Krepel CJ, Seabrook GR, Jochimsen WG. Anaerobic infections in the surgical patient: Microbial etiology and Therapy. Clin Infect Dis 2002; 35:S112–118.