

LETTER TO EDITOR

Reply about "Comparison of microbiological results of deep tissue biopsy and superficial swab in diabetic foot infections"

"Diyabetik ayak enfeksiyonlarında derin doku biyopsisi ile yüzeysel sürüntü kültürünün mikrobiyolojik karşılaştırılması" konusunda cevap

Fatma Bozkurt¹, Serda Gülsün¹, Recep Tekin², Salih Hoşoğlu², Hamit Acemoğlu³

¹ *Diyarbakır Teaching Hospital, Department of Infectious Diseases and Clinic Microbiology, Diyarbakır, Turkey*

² *Dicle University Hospital, Department of Infectious Diseases and Clinic Microbiology, Diyarbakır, Turkey*

³ *Atatürk University Medical School, Department of Medical Education, Erzurum, Turkey*

Dear Editor,

We are appreciated the comments of Turhan V, et al. on our study about diabetic foot. The authors claimed that using superficial swab cultures leads unnecessary broadening of the anti-microbial coverage and may both lead to resistance to antimicrobial drugs and to an increased incidence of MRSA. As well-known, the use of broad-spectrum antibiotics in diabetic foot infections at the beginning is essential. According to the culture results to go to de-escalation were suggested by the authorities and guidelines.^{1,2}

We agree with the authors about the weaknesses of Wagner classification system. In our study, the wounds of patients with Wagner grade 4 were gangrenous but were been cleaned with surgical debridement. We hope to use the PEDIS classification or the Size (Area and Depth), Sepsis, Arteriopathy, and Denervation [S(AD)SAD] classification systems but the Wagner classification systems seems to be more easier and more widely in clinical use.³⁻⁵

As we mentioned in our study that the deep culture of tissue culture is the gold standard method in diabetic foot infections. In some conditions such as emergency and/or surgical debridement

is not possible, superficial wound culture could be useful.⁶

Sincerely,

***Correspondence:** Dr. Fatma Bozkurt, MD, Diyarbakır Teaching Hospital, Department of Infectious Diseases and Clinic Microbiology, 21090 Diyarbakır, Turkey.

E-mail: drfatmayakut@hotmail.com

REFERENCES

1. Lipsky BA, Peters EJ, Berendt AR, et al. International Working Group on Diabetic Foot. Specific guidelines for the treatment of diabetic foot infections 2011. *Diabetes Metab Res Rev* 2012; 28 Suppl 1:234-235.
2. Benjamin A. Lipsky, Anthony R, et al. Infectious Diseases Society of America Clinical Practice Guideline for the Diagnosis and Treatment of Diabetic Foot Infections. *Clin Infect Dis* 2012; 54:132-173.
3. Parisi MC, Zantut-Wittmann DE, Pavin EJ, Machado H, Nery M, Jeffcoate WJ. Comparison of three systems of classification in predicting the outcome of diabetic foot ulcers in a Brazilian population. *Eur J Endocrinol* 2008; 159:417-422.
4. Ulusoy S, Arda B, Bayraktar F ve ark. Diyabetik ayak enfeksiyonları: 179 olgunun değerlendirilmesi. *Flora* 2000; 5: 220-228.
5. Grayson ML. Diabetic foot infections-antimicrobial therapy. *Infect Dis Clin North Am* 1995; 9:143-161.
6. Slater R.A, Lazarovitch T, Boldur I, et al. Swab cultures accurately identify bacterial pathogens in diabetic foot wounds not involving bone. *Diabet Med* 2004; 21: 705-709.

Correspondence: Dr. Fatma Bozkurt, Diyarbakır Teaching Hospital, Department of Infectious Diseases and Clinic Microbiology, Diyarbakır, Turkey Email: drfatmayakut@hotmail.com

Received 28 March, 2012 Accepted: 30 May 2012

Copyright © Journal of Microbiology and Infectious Diseases 2012, All rights reserved