



Comment on: “Rare Pathogenic Lower Respiratory Tract Factors and Antibiotic Sensitivity Situations in Respiratory Intensive Care”

Yorum: Solunum Yoğun Bakımın Patojen Nadir Alt Solunum Yolu Etkenleri ve Antibiyotik Duyarlılık Durumları

Ayşe Ayyıldız

Eskişehir City Hospital, Department of Intensive Care, Eskişehir, Türkiye

Sorumlu Yazar | Correspondence Author

Ayşe Ayyıldız

drayseayyildiz@gmail.com

Address for Correspondence: Eskişehir City Hospital, Department of Intensive Care, Eskişehir, Türkiye

Makale Bilgisi | Article Information

Makale Türü | Article Type: Mektup / Letter to Editor

Doi: <https://doi.org/10.52827/hititmedj.1600114>

Geliş Tarihi | Received: 11.12.2024

Kabul Tarihi | Accepted: 25.01.2025

Yayın Tarihi | Published: 23.06.2025

Atıf | Cite As

Comment on: “Rare Pathogenic Lower Respiratory Tract Factors and Antibiotic Sensitivity Situations in Respiratory Intensive Care”. Hitit Medical Journal 2025;7(2):301-303. <https://doi.org/10.52827/hititmedj.1600114>

Hakem Değerlendirmesi: Editör tarafından değerlendirilmiştir.

Etik Beyanı: Gerek yoktur.

İntihal Kontrolleri: Evet (iThenticate)

Çıkar Çatışması: Yazarlar çalışma ile ilgili çıkar çatışması beyan etmemiştir.

Şikayetler: hmj@hitit.edu.tr

Katkı Beyanı: Fikir/Hipotez: AA Tasarım: AA Veri Toplama/Veri İşleme: AA Veri Analizi: AA Makalenin Hazırlanması: AA.

Hasta Onamı: Gerek yoktur.

Finansal Destek: Bu çalışma ile ilgili herhangi bir finansal kaynaktan yararlanılmamıştır.

Telif Hakkı & Lisans: Dergi ile yayın yapan yazarlar, CC BY-NC 4.0 kapsamında lisanslanan çalışmalarının telif hakkını elinde tutar.

Peer Review: Evaluated by independent reviewers working in the at least two different institutions appointed by the field editor.

Ethical Statement: Not applicable.

Plagiarism Check: Yes (iThenticate)

Conflict of Interest: The authors declared no conflicts of interest

Complaints: hmj@hitit.edu.tr

Authorship Contribution: Idea/Hypothesis: AA Design: AA Data Collection/Data Processing: AA Data Analysis: AA Manuscript Preparation: AA.

Informed Consent: Not applicable.

Financial Disclosure: There are no financial funds for this article.

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Dear Editor,

We are writing to express our views on the recently published article titled “Rare Pathogenic Lower Respiratory Tract Factors and Antibiotic Sensitivity Situations in Respiratory Intensive Care” by Özdemir et al (1). We found the manuscript to be a valuable contribution to the field of pulmonology and infectious diseases, particularly in addressing the clinical features and antibiotic resistance of rare lower respiratory tract pathogens.

The study’s focus on rarely observed pathogens in respiratory intensive care units (ICUs) fills a critical knowledge gap, especially in understanding their implications for patient outcomes and antimicrobial stewardship. The authors’ findings on the correlation between APACHE-II scores and mortality rates are particularly noteworthy, providing important insights for clinical risk assessment.

However, we would like to highlight a few areas where the manuscript could be further enhanced. The study’s greatest strength is its focus on rare pathogens. It addresses an understudied area of clinical microbiology by investigating pathogens such as *Burkholderia cepacia* and *Stenotrophomonas maltophilia*, which are rarely seen in intensive care units. This focus provides valuable information about the clinical relevance of these organisms and their antibiotic resistance patterns. It also offers comprehensive data on the antibiotic susceptibility profiles of rare pathogens, which is a critical resource for optimizing empirical therapy in intensive care units.

While acknowledging the retrospective nature of the study a more in-depth discussion of how this design may impact the generalizability of the findings would have been valuable. For example the small sample size of 42 patients limited the statistical power of the study which could have been addressed more explicitly.

The study contains a comprehensive dataset, but some tables, particularly Table III on antibiotic susceptibility, could have benefited from additional clarity. For instance, adding a brief legend explaining abbreviations and statistical significance would have made the data more accessible to readers.

While the study provides new data, it could have enriched the discussion if it had been more

robustly compared with similar studies. For example, a study by Guiton and Wright highlighted the role of *Stenotrophomonas maltophilia* as an emerging opportunistic pathogen in ICUs, emphasizing mechanisms of resistance to β -lactam antibiotics (2). Similarly, Dizbay et al. reported on *Burkholderia cepacia* in Turkish ICUs, and a significant proportion of isolates showed resistance to ceftazidime and carbapenems. Comparing these findings with the susceptibility profiles of the current study could have contextualized the results and provided actionable insights for clinicians (3).

The conclusion could have been further enriched by a discussion of how the study findings could inform policies or protocols for antibiotic use in ICUs. Specific recommendations for empirical therapy tailored to rare pathogens would have been particularly effective.

Overall, the study is a commendable effort that addresses a clinically important issue, albeit with a limited number of patients. We hope these critiques will help further improve the manuscript and increase its impact on the scientific community.

References

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3. Dizbay M, Tunccan OG, Sezer BE, Aktas F, Arman D. Nosocomial *Burkholderia cepacia* infections in a Turkish university hospital: a five-year surveillance. *J Infect Dev Ctries* 2009;3(4):273-277

Response from Author:

Dear Editor,

We sincerely appreciated reading your editorial remarks regarding our manuscript titled “Rare Pathogenic Lower Respiratory Tract Factors and Antibiotic Sensitivity Situations in Respiratory Intensive Care”. As stated within our article, the limited number of patients is among the primary limitations of the study. Nevertheless, we fully concur with your observation that the resistance profiles of rare pathogens should not be overlooked during empirical treatment planning, particularly in intensive

care settings. We agree that further research is warranted, especially studies focusing on resistance mechanisms and larger patient cohorts. We are grateful for all the constructive and encouraging feedback provided. We will be pleased to take these valuable comments into consideration in our future studies, in which we aim to expand both the number of patients and the scope of data.

Sincerely,

Response from Editor:

The letter to the editor constructively criticizes the article titled "Rare Pathogenic Lower Respiratory Tract Factors and Antibiotic Sensitivity Situations in Respiratory Intensive Care" and approaches the authors' findings in a supportive but critical manner. Several suggestions are offered regarding the methodology, findings, and interpretations. The letter to the editor constructively criticizes the article titled "Rare Pathogenic Lower Respiratory Tract Factors and Antibiotic Sensitivity Situations in Respiratory Intensive Care" and approaches the authors' findings in a supportive but critical manner. Several suggestions are offered regarding the method, findings, and interpretations. The letter includes compliments and constructive criticisms of the authors' findings. Both the article and the letter could make a significant contribution if the authors take the feedback given into consideration.

Dr. Selçuk Kayır