

To the Editor

Özay Akan MD*

Thanks to Dr. Özsoylu for his interest in the paper about "Antibiotic susceptibilities....". Antibiotic susceptibility tests are not only performed for the treatment of infections but may also be performed for epidemiologic purposes or to learn the antibiotic resistance rates of a region in case of empirical antibiotic use¹. In the discussion, it is clearly stated that antimicrobial therapy is not indicated in *Salmonella* gastroenteritis and is only limited to a special group of patients, so I do not believe that antibiotic susceptibility results presented in the study will give the wrong information to physicians. It may be helpful to choose the right antibiotic until the susceptibility results are available. In Tables II and III there is a print mistake; the number of *S. typhi* isolates should be 20 instead of 21. Thanks to Dr. Özsoylu for his special attention.

I think that the decision of whether or not to choose chloramphenicol in the treatment of enteric fever is far from the aim of this study, since only in vitro susceptibility results are presented. For the selection of antibiotics, other important factors should also be known, such as the clinical efficacy of antimicrobials, the effects on the duration of excretion of the pathogen, and relapse rates. I think with good cooperation between clinicians and clinical microbiology laboratories such protocols can be readily constructed among children in Turkey.

REFERENCES

1. Jorgensen JH, Sahm DF. Antimicrobial susceptibility testing. In: Murray PR, Baron EJ, Pfaller MA, Tenover FC, Tenover RH (eds). *Manual of Clinical Microbiology* (8th ed). Washington: American Society for Microbiology; 1995: 1277.

* Associate Professor of Infectious Diseases and Clinical Microbiology.