

Bacterial Infections in Leukemias

The report on bacterial infections in leukemias brings to light an extremely high incidence (86%) of infections in hospitalized leukemic patients having absolute granulocyte count over 1500(1). This is probably because the leukemic patients were kept in general wards along with patients having various infections. Failure to isolate the leukemic patients is not justifiable. It is accepted that sophisticated sterile precautions like "Laminar flow rooms"(2) are beyond our reach but anybody who can afford the expensive treatment of leukemia must be able to afford at least a separate room. Otherwise, the money spent on treatment will ultimately prove to be a waste.

The report makes no mention of the commonly isolated organisms in other patients of the institution. This would have brought out whether the bacterial isolates in leukemic patients were a reflection of the organisms prevailing in the institution or selection of resistant organisms due to antibiotic prophylaxis.

There is no scientific reason for antibiotic prophylaxis in non-leukopenic afebrile leukemic patients. Some authorities recommend prophylactic cotrimoxazole in granulocytopenic children(3). However, even after this, exposing these children to infections in general ward will only lead on to the

selection of resistant organisms.

Since pseudomonas also is a common organism (1-3), it is desirable to select ceftazidime as the preferred third generation cephalosporin. Many authorities add an aminoglycoside also (3) for fear of pseudomonas acquiring resistance.

A. Santhosh Kumar,
*Lecturer, Department of Pediatrics,
Medical College (SAT) Hospital,
Thiruvananthapuram 695011.*

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Reply

Infection in 86% of non granulocytopenic patients in the study group as against the reported rate of 17% is alarming (1). Our hospital building, originally a tuberculosis sanatorium with