


Non-Standardized Terminology in Healthcare: Shortcomings and Subsequent Rectifications [Letter]

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Dear Editor

We have read the study titled “Bacterial and Fungal Profile, Antibiotic Susceptibility Patterns of Bacterial Pathogens and Associated Risk Factors of Urinary Tract Infection Among Symptomatic Pediatrics Patients Attending St. Paul’s Hospital Millennium Medical College: A Cross-Sectional Study” with an interest to know about bacterial and fungal isolates causing urinary tract infections (UTI) in symptomatic pediatric patients.¹

First, we would like to congratulate the authors for conducting and presenting a highly commendable research. Nonetheless, the following points in the said study need to be reviewed urgently-

1. The authors have defined and applied two terms: Ward acquired UTI and ICU acquired UTI. These new medical terms have never been used in the literature and have no scientific justification at all. Therefore, the acceptable terminology such as “Catheter associated Urinary tract Infection” (CAUTI) and “Non-catheter associated UTI” as per the Centers for Disease Control and Prevention (CDC)² is highly appreciated.

Though, the new terminology hardly affects the methodology and data analysis in any study, but the following disadvantages of using new or incorrect terminology cannot be overlooked:

- (a) The study with new or incorrect terminology may end up with high probability of getting missed out during meta-analysis.
- (b) The new or incorrect terminology especially in health sciences not only appears flawed but also creates ambiguity and poses academic challenges which may lead to scientific controversy.

Therefore, the literature in health-care should be added with scientifically valid and standardized terminology only which is always associated with better knowledge transfer and improved patient care.

2. The authors have tested vancomycin against *Staphylococcus aureus* by Kirby-Bauer (diffusion based) method which is not recommended as per Clinical & Laboratory Standards Institute (CLSI) guidelines.^{3–5}
3. The authors have mentioned that “all isolates (100%) of Gram-positive bacteria were susceptible to oxacillin (Table 5)” whereas the result of oxacillin susceptibility testing has not been mentioned at all in the said table. Since oxacillin testing is not recommended for *Enterococcus* spp. as per CLSI guidelines therefore the result of oxacillin susceptibility (if tested) may be restricted to *Staphylococcus* species only.³

Disclosure

The authors declare no conflicts of interest in this communication.

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