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【 LETTERS TO THE EDITOR 】

The Difficulty in Administering Appropriate Antimicrobial Therapy for *Stenotrophomonas maltophilia* Bacteremia

Key words: *Stenotrophomonas maltophilia*, antimicrobial therapy, carbapenem-resistant bacterium, Gram staining

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To the Editor We read with interest the recent study about the clinical characteristics of *Stenotrophomonas maltophilia* bacteremia by Ebara et al. in volume 56, issue 2 of *Internal Medicine* (1). The authors showed that the prognosis of patients who received appropriate antimicrobial therapy such as trimethoprim-sulfamethoxazole, minocycline or fluoroquinolones was poorer-though not to a significant degree-in comparison to patients who received nonspecific therapy. However, we are concerned about the timing of starting appropriate antimicrobial therapy. The treatment of *S. maltophilia* is generally challenging because of the bacterium's inherent resistance to multiple classes of antibiotics, including beta-lactams, carbapenems and aminoglycosides (2). In Japan, beta-lactams and carbapenems are preferred as empiric therapy, and a delay in administering appropriate therapy can lead to a poor prognosis. Uehara et al. reported that Gram staining of blood cultures could help in selecting appropriate antimicrobials for patients with positive blood cultures (3). However, the presence of *S. maltophilia* is seldom suspected; most cases are thought to be *Pseudomonas aeruginosa* or a non-fermenting bacterium. We evaluated the Gram staining results of 27 cases of *S. maltophilia* bacteremia and found that only one case was reported to be "suspected *S. maltophilia*", while "*P. aeruginosa* or other non-fermenting bacteria" was reported in six cases (4). In the remaining 20 cases, other Gram-negative bacteria, such as *Enterobacteriaceae* were reported and inappropriate therapy was continued based on the Gram staining results. Furthermore, appropriate antimicrobial therapy was not initiated in most cases of *S. maltophilia* bacteremia before making the final identification or obtaining the susceptibility testing results. This delay may also be a risk factor for a poor prognosis (5). Thus, we recommend that the authors include the timing for initiating appropriate antimicrobial therapy after blood culturing in their retrospective analysis.

The authors state that they have no Conflict of Interest (COI).

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