

[LETTERS TO THE EDITOR]

The Addition of Prophylactic Antibiotics Can Achieve a Favorable Outcome

Key words: sulfamethoxazole-trimethoprim, fluoroquinolone, immunosuppressive, *Stenotrophomonas maltophilia*

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To the Editor We read the interesting article, “Fatal neutropenic enterocolitis caused by *Stenotrophomonas maltophilia*: A rare and underrecognized entity,” by Kaito et al. in Internal Medicine (1). The patient’s clinical course as described by the medical team reflects their persistent struggle to treat such a difficult disease and its complications. We appreciate their eager and fervent treatment of this patient. However, in patients receiving a high-dose corticosteroid, one tablet per day of prophylactic sulfamethoxazole-trimethoprim might help prevent diseases caused by typical pathogens in extremely immunosuppressed patients (2, 3), as *S. maltophilia* is highly susceptible to this compound antibiotic (4).

Although this antibiotic has the adverse effect of bone marrow suppression and skin eruptions, which afflict treated patients simultaneously, the addition of this treatment might have enabled this patient to achieve a more favorable outcome. Alternatively, fluoroquinolones, which usually have efficacy against this pathogen (4), might have also been a viable option, although this antibiotic is typically administered for the first 100 days after stem cell transplanta-

tion (5).

We would like to ask the medical team whether they considered administering either sulfamethoxazole-trimethoprim or fluoroquinolones during the treatment course. The addition of such prophylactic antibiotics can help to achieve a favorable outcome in such cases.

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

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