

Letter to Editor

Multidimensional aspects of surgical site infections due to non-tuberculous mycobacteria

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We read the recent publication on “Surgical site infections” (SSI) by Braga et al. (2021) with great interest. Moreover this paper has sensitized the surgeons, practitioners, microbiologists and quality managers on the need to look for non-tuberculous mycobacteria (NTM) as a cause for SSIs. Though NTM is one another cause for SSIs, and scientific articles and case reports including the present report have supported the views, NTM do not receive due attention in regular clinical practice. Here, we would like to highlight on other dimensions of this entity related to patients, professionals, laboratory, quality, medical malpractice and educational.

Non-recognition of NTM in patients with SSI contributes to morbidity, exposes them for multiple medications, enhances hospital stay, escalates healthcare cost, and thus causes strained Doctor-Patient relationship (Chipidza et al., 2015). Professionals handling SSI in the interest of patients, by and large switch over to a combination of higher antimicrobials without searching for the causative agents for SSI, which predispose to the development of drug resistance and delay in recovery. Apart from that, this attitude pushes the SSI to chronicity, contributes to treatment failure and causes anxiety among healthcare providers involved in patient care. Over all NTM receives suboptimal attention in clinical practice and discussion.

Despite the reports on NTM as a cause for SSI from different parts of the world including the present one (Braga et al., 2021), the Clinical Microbiologists and Laboratory personnel handling the pus samples of SSI do not process them for NTM unless asked for. Hence, it is suggested that pus samples of SSI shall be subjected to Ziehl Neelson staining routinely in the interest of patient care and if needed for culture. In addition, the sterilization techniques adopted for surgical materials shall be checked periodically from the point of patient safety.

With regard to quality enhancement, the internal and external audit team shall design protocols and standard operating procedures (SOPs) to include routine screening of SSI samples for NTM. These shall be reviewed in hospital infections control committee meetings, as it is preventable. Moreover, notification of NTM and discussion on this may likely assist early diagnosis and institute appropriate medications.

Current status of non-consideration of NTM as a cause for SSI may lead to delay in diagnosis, dissatisfaction among patients and deviation in therapy (Legeais, 2019). As these predispose to malpractice claims (Choudhary et al., 2020), current health science education shall be tuned to focus on NTM similar to the teaching, learning and assessment (TLA) adopted for *Mycobacterium tuberculosis* and lepra bacilli so as to acquire required skills. It is also suggested that NTM as a cause of SSI shall be remembered by the practitioners, recalled during clinical rounds, recognized by the available clinical and laboratory means; and explained to the patients and caregivers for medication adherence (Legeais, 2019) which shall strengthen provider patient partnership.

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CONFLICT OF INTERESTS

The authors have not declared any conflict of interests.

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