Correspondence

To the Editors:

An uncommon complication of *Salmonella paratyphi* A infection

I read with interest the case of *Salmonella paratyphi* A endocarditis reported in the June 2010 issue of the Journal [1], and note that antibiotic therapy had only been given for 4 weeks.

The American Heart Association guidelines recommend ceftriaxone therapy for *Salmonella* endocarditis [2]. Last year (2009) we detected two patients with *Salmonella typhi* endocarditis, and treated them with 6 weeks of intravenous ceftriaxone. Both recovered completely, and did not have a relapse.

Six weeks rather than 4 weeks of antibiotic therapy is recommended for *Salmonella* endocarditis in order to prevent relapses.

References


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To the Editors:

An uncommon complication of *Salmonella paratyphi* A infection

Subsequent to submission of the above article (which was published in the June 2010 issue of the Journal) [1], our patient was readmitted to hospital 3 weeks following discharge with fever and chills, suggestive of a clinical relapse of infective endocarditis [2]. Echocardiography showed reappearance of vegetations on the mitral valve. However, three blood cultures were negative. The patient was treated with intravenous ceftrioxone 1 g twice daily for 6 weeks and recovered completely.

Most guidelines recommend culture sensitive antibiotics to be given for 4-6 weeks in valve endocarditis. However, the treatment for *Salmonella* endocarditis should be longer, for 6 weeks and not 4 weeks as we initially did, to prevent relapses.

References


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