Correspondence

Rising incidence of *Enterococcus* species in microbiological specimens from orthopedic patients correlates to increased use of cefuroxime

Sir—We read the article entitled "Rising incidence of *Enterococcus* species in microbiological specimens from orthopedic patients correlates to increased use of cefuroxime" with great interest (Siesing et al. 2013). Today, multipledrug-resistant (MDR) such as ESBL producing *Enterobacteriacceae,* MDR *Pseudomonas aeruginosa* and *Acinetobacter baumannii* is problematic, because antimicrobial resistance limits the choice of therapeutic agents and increases the potential for treatment failures and adverse clinical outcomes. Therapeutic failures associated to antimicrobial resistance increases morbidity and mortality, with serious implications at individual, social and economical levels (Da Costa et al. 2013).

Without a doubt, Siesing et al. have impressed attention to an important point. They stated that increased use of cefuroxime leads to a rising incidence of *Enterococcus* spp in their hospital. This finding is very interesting but questionable. However, they did not give the antibiotic susceptibility of this pathogen. We could not understand whether these enterococci species are vancomycin resistant or not from article. Among bacteria, antibiotic susceptibility profile of *Enterococcus* spp and *S. aureus* is very important, because multiple studies have demonstrated that surfaces in the rooms of patients colonized or infected with these pathogens are frequently contaminated. Recent studies have reported that the environmental contamination reached up to 60–70% in the room of patients colonized with vancomycin-resistant enterococcus (VRE) (Weber et al. 2013). Moreover, VRE is capable of surviving on hospital room surfaces for a prolonged period of time and leads to contamination of hospital staff's hands and/or glove. Transmission of bacteria from person to person through hand contact or shared medical equipment resulting in clonal outbreaks. Furthermore, the risk of acquiring VRE was significantly increased with admission to a room previously occupied by a patient colonized or infected with this pathogen (Huang et al. 2006). All of these factors can result increase in the detection of this bacterium in microbiological specimens. If they could not investigate VRE epidemiology in their unit, rising incidence of *enterococcus* should not be connected with only use of cefuroxime. Therefore authors should examine the incidence of infections in orthopedic department in the last decade prior to stated that the rising incidence of *enterococcus* spp. is due to the increasing use of cefuroxime.

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Sir—We thank Dr. Guclu for relevant and important questions concerning our paper about a correlation between increased use of cefuroxime and a rising incidence of *Enterococcus* species in microbiological specimens from orthopedic patients (Siesing et al. 2013). The questions emphasize the great differences that exist between countries concerning resistance rates and causative microorganisms. The resistance situation in Denmark is favorable as compared to many other countries. During the investigated period (1990–2009) very few and sporadic vancomycin-resistant *enterococci* were isolated from clinical specimens from patients at our hospital. For that reason environmental samples were not routinely performed. We routinely screen for MRSA and ESBL. The incidence of these microorganisms is lower than in the majority of european countries (European Centre for Disease Prevention and Control 2013).

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