

Correspondence

Limitations in Study on Benefits of Clindamycin

TO THE EDITOR—With great interest we have read the study by Carapetis et al [1] about the benefit of clindamycin and intravenous immunoglobulins, as well as the risk of disease in close contacts with patients with invasive group A streptococcal infections. The study indicates improved outcome even after adjustment of underlying diseases. However, several limitations of the study were not adequately addressed: (1) The observational approach limits an in-depth analysis of the comparison of standard treatment vs standard treatment plus clindamycin plus possibly immunoglobulins, as the authors did not have any influence of the choice of treatment. Most important, only data for antimicrobial therapy are shown. (2) As mentioned in the accompanying editorial [2], early aggressive surgical intervention is critical in cases with necrotizing fasciitis, but no data about surgical debridement, which is the single most important therapy [3], are shown. Therefore, patients with more severe group A streptococcal infections might have benefited from (earlier) surgical debridement, explaining in part the improved outcome in younger patients [4]. (3) Data on underlying comorbidities are not provided in details, potentially leading to a bias that is not discussed in the paper. (4) Current data indicate that clindamycin should be given prior to the addition of a β -lactam therapy. The article does not show any data regarding the sequence in which the antibiotics have been administered. In addition, data on the time to needle—an additional critical factor for survival—are lacking [5]. (5) The extrapolation of the risk of

close contacts to the patient population, namely, a risk >2000-fold that of the healthy population, lacks sufficient evidence to support routine treatment of close contacts, as the authors suggest in the abstract.

We believe that this study provides important information, and given the rarity of the disease, a randomized clinical trial will unlikely be conducted in the close future. More observational studies supporting the recommendations of the authors should be conducted before the recommended treatment strategy becomes the standard.

Note

Potential conflicts of interest. All authors: No potential conflicts of interest.

All authors have submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. Conflicts that the editors consider relevant to the content of the manuscript have been disclosed.

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