
Pramod M. Shah*

Keywords: antibiotic therapy, guidelines, endocarditis

*E-mail: shah@em.uni-frankfurt.de

Sir,

In these guidelines,1 the authors recommend that ‘A minimum inhibitory concentration (MIC) . . . should be established by a standardized laboratory method to ensure susceptibility.’

What evidence is available that MIC determination improves patient care and outcome or influences the treatment? I know of one presentation at the European Congress for Clinical Microbiology and Infectious Diseases by Walton et al.2 from University College London Hospitals who analysed 129 cases of endocarditis and concluded that ‘Antibiotic treatment in endocarditis can be safely chosen on the result of disc sensitivity testing and adjusted on clinical grounds without MIC.’ The same group3 recently published analysis of 125 patients admitted between 1981 and 1999 in whom the MIC had been measured. Their conclusion is inconclusive: ‘The measurement of MIC appears prognostically important in deciding the surgical management of endocarditis.’

Can the experts who formulated the guidelines provide some evidence for their recommendation, please?

References

