Steroid May be Beneficial in Patients with Pulmonary Leptospirosis

Vedat Turhan,
Mustafa Hatipoglu
Canakkale Military Hospital, Turkey; Dept. of Infectious Diseases, Adra, West Bengal

Sir

We curiously read an article pertaining to the two cases that were presented and seen severe mold infection written by Hingorani et al.1 The two patients were given steroids which are suspected to be the risk factor for life-threatening invasive mold infection. They advise the physicians to be caution in order to use steroids in pulmonary leptospirosis until its role is enough beneficial evidently. In these cases, we reckon that the points below should be explained more clearly before this diagnosis can be confirmed and the treatment is about related fungal infection.

In the first case, meropenem, colistin, piperacillin-tazobactam and moxifloxacin were initiated for empirical. We think the patient was present with septic shock and multiple organ failure clinics. This combination may be understood. But it seems this antibiotic spectrum is too strong like “an atomic bomb” for a patient who is coming from the community but not intensive care unit. This means highly widened spectrum of antibiotics would be destroying the healthy intestinal flora and cause a risky situation for fungal infections. Therefore, it is also not clear whether the antibiotics were modified for the diagnosis or not after the detection of leptospirosis Ig M positive. Does this mean that they did not believe enough in the diagnosis of leptospirosis? Taking two different catheters for a risk factor of fungemia in the patient may be clarified that yielding from blood culture of candida tropicalis. Multiple use of the antibiotics (over broad spectrum) and two different catheters may be the cause of fungemia in the patient. Besides, mold infection was based on yielded tracheal aspirate. It is not clear how this was taken and the result of culture could mean the tracheal colonization. Therefore, we do not think that the first case was a mold infection process.

For the second case, finding three different molds in the culture of patient’s sputum can support that molds were colonized or contaminated suggests. Other changes in the system were evaluated that the mold infection related. These hypotheses were not sufficiently explained. Especially gastric involvement was expected to be well defined to support to diagnosis.

In both cases except leptospirosis Ig M positive, supporting diagnosis of leptospirosis was not given any further information.

We agree with the author about the fact that pulmonary leptospirosis has not been studied in sufficient level of evidence of steroid administration yet. However, in areas where there are cases of leptospirosis epidemic, pulmonary involvement can cause with 50%-70% mortality.2 Moreover, studies have shown that using steroids result in an important reduction in mortality.3,4 We can discuss whether steroids are beneficial adjuvant in the pulmonary leptospirosis, yet the two cases have not enough evidence for mold infection.

References