

## Authors response on *Klebsiella pneumoniae*, producer of carbapenemases

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**Citation** Quispe Pari JF, Ingaruca Rojas JO, Castro Mucha AM, Castro Ortega ML, Ccoicca Hinojosa FJ, Montalvo Otivo R, et al. About *Klebsiella pneumoniae*, producer of carbapenemases. *Medwave* 2018 May-Jun;18(3):e7223

Doi [10.5867/medwave.2018.03.7223](https://doi.org/10.5867/medwave.2018.03.7223)

**Submission date** 21/6/2018

**Acceptance date** 21/6/2018

**Publication date** 29/6/2018

**Origin** Not requested

**Type of review** Con revisión editorial interna

**Dear José Armando Gonzales Zamora:**

We appreciate your correspondence (doi: [10.5867/medwave.2018.03.7213](https://doi.org/10.5867/medwave.2018.03.7213)), related to our article published in the *Journal* [[Quispe Pari JF, Ingaruca Rojas JO, Castro Mucha AM, Castro Ortega ML, Ccoicca Hinojosa FJ, Montalvo Otivo R, et al. Carbapenemase producing \*Klebsiella pneumoniae\* in Peru: a case report and antimicrobial resistance discussion. \*Medwave\* 2018 Mar-Apr;18\(2\):e7191 doi: \[10.5867/medwave.2018.02.7191\]\(https://doi.org/10.5867/medwave.2018.02.7191\)\]. We believe that this has helped us all to reflect on the Latin American reality with regard to laboratory medicine especially that developed in the Southern Cone.](#)

The objective of our publication was not only to report the strain of *Klebsiella pneumoniae* that produces carbapenemase type KPC (*Klebsiella pneumoniae* Carbapenemase) but also to emphasize the principles of antimicrobial therapy and the real need to treat asymptomatic urinary tract infections, despite the fact that the resistance phenotype tempts the physician to treat these resistant germs.

On the other hand, it is important to highlight that the local economy, both in the Huancayo region, and in all of Peru is low, making it difficult to implement

equipment that allows us to perform genetic tests for the detection of resistance profiles in the centers of Health. That is why, in our Hospital, when the specimen of *K. pneumoniae* with phenotype of resistance to carbapenems was identified, verification was carried out with the available methodologies, which in our case consisted by the modified Hodge test and later the chromogenic method by RAPID BLUE CARBA.

In parallel, the strain was sent to the Public Health Institute of Peru, for confirmation by polymerase chain reaction (PCR), this entity sent us the report confirming the production of KPC type carbapenemases. Unfortunately, they did not send us the information about the protocols and equipment used for the confirmation of the strain in question. In any case, we have contacted the Public Health Institute to send us the same.

In short, with the confirmation of the production of carbapenemase, it was possible to take measures to contain the propagation of the strain, perform the corresponding screening and discuss the antimicrobial management of it. In addition, the current recommendations for the antimicrobial management of these resistance mechanisms were delivered in the publication, thus fulfilling one of the main objectives of the publication, especially in a world where the appearance of this type of specimens is increasing alarmingly.

## Notes

### From the editor

The authors originally submitted this article in Spanish and English. The Journal has not copyedited this English version.

### Declaration of conflicts of interest

The authors affirm that they have no conflicts of interest related to this letter.

### Funding

The authors state that there were no external sources of funding.

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