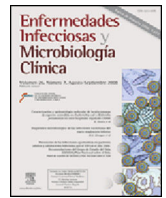




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Letters to the Editor

Observations on “Native valve endocarditis caused by *Kocuria kristinae*”



Observaciones sobre “Endocarditis nativa de la válvula causada por *Kocuria kristinae*”

With reference to article “Native valve endocarditis caused by *Kocuria kristinae*” by Angel Robles et al.,¹ it was claimed as theirs being the first case of *Kocuria kristinae* infection associated with native valve endocarditis. However, after search in article engines like Medline, Pubmed, Researchgate, it was found that the first case of *Kocuria kristinae* endocarditis was reported in 2011 by Lai et al.² Thereafter, few more reports have been published in 2013 (Citro et al.³ and Bastidas et al.⁴), another one in 2015 by Horino et al.⁵ All these published reports are cases of native valve endocarditis. The authors agree to the fact that *Kocuria kristinae* endocarditis although rarely reported is worth mentioning. The steadily rising number of reports bring forth the implications of *Kocuria kristinae* as a possible etiological agent of native valve endocarditis.

Although limited in number, *Kocuria kristinae* has increasingly been reported to be associated with systemic infections contrary to the claim made by Angel Robles et al.¹ Approximately 24 cases of *Kocuria kristinae* bacteremia have been reported in literature so far. *Kocuria kristinae* although considered non-pathogenic, has the potential of causing pathogenic systemic infections.

No antibiotic sensitivity guidelines exist for *Kocuria kristinae* as of now. After a review of all reported cases published so far in literature, *Kocuria kristinae* has been found completely sensitive to gentamicin, cotrimoxazole, linezolid, ciprofloxacin and levofloxacin. However, it has been mostly sensitive to vancomycin, erythromycin, clindamycin, teicoplanin, rifampicin and oxacillin with resistance seen in a few cases. Mixed results of sensitivity have been obtained with amikacin, penicillin, ampicillin, ceftriaxone and cefazolin. The outcomes of treatment regimens used, in reported cases so far, have mostly been favorable.

To conclude, *Kocuria kristinae* that has been considered as a commensal in past, should be acknowledged in cases dealing with systemic infections. More accurate techniques are required to diagnose this organism and differentiate from *Coagulase-negative Staphylococci* in countries with limited resources. The authors also

recommend the formulation of antibiotic guidelines for this organism keeping in mind the rising incidences of *Kocuria kristinae* infections.

Conflicts of interest

The authors declare that no conflicts of interest exist.

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