

Editorial

Treatment of bacterial infections

This issue of the journal has again a theme - that of diagnosis and treatment of infection in its various guises. It is not that long since a simple cut or abrasion could result in overwhelming septicaemia and death due to lack of suitable treatment by antibiotics – which today we all take for granted. Hedley-Whyte and Milamed nicely illustrate the progression of treatment of pneumonia over the years with the development of sulpha drugs and later penicillin. Several of the key players involved in pioneering the treatments were linked to Belfast medicine in various ways¹. Pneumonitis is not always bacterial and may rarely be caused by viral infections such as Epstein Barr virus² or by tuberculosis (TB). Tuberculosis is again on the increase most recently with the arrival of immigrant workers, so the picture of lung disease changes steadily from decade to decade. In the 2008 Annual oration, Dr Rory Corbett discusses the downside of some dermatology treatments with reactivation of TB and other

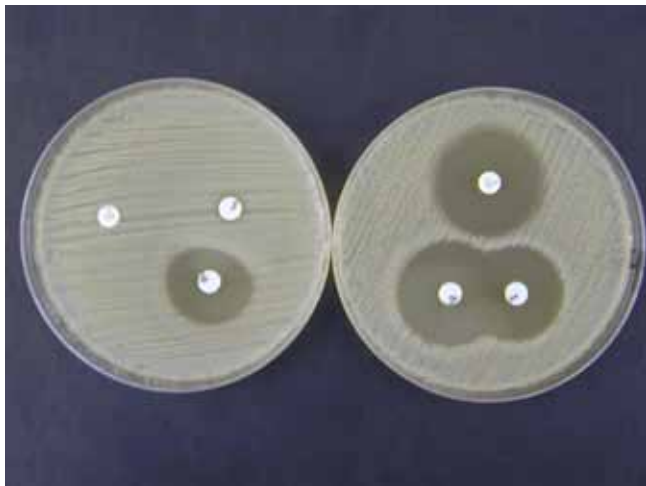


Fig 1. Resistance (left plate) and sensitivity (right plate) to MRSA. Photo reproduced from the Ulster Medical Journal⁴

skin manifestations of systemic disease³ Two more recent scourges, however, are the rising incidence of drug induced pneumonia, and of antimicrobial resistance to drugs (fig 1)⁴. Cocaine users are increasingly presenting at our emergency

departments with characteristic lung findings, and the use of cocaine and other drugs and recent trends show a steady rise in use⁵. Similarly with resistance, Moore and others describe increasing antibiotic resistance to campylobacter gastroenteritis in Northern Ireland and suggest a need for General Practitioners and other medical professionals to be aware of the correct treatments⁶. Perhaps this is one area that will increasingly feature in the reorganised quality and outcomes framework (QOF) as topics are selected in the four countries of the United Kingdom by a new mechanism⁷.

For one scourge – MRSA – hope is in sight as researchers at Queens University Belfast have identified that ionic liquids possess potent broad spectrum antibiofilm activity so our hospitals may be much cleaner in the near future if a commercial application of such liquids can be developed⁸.

Patrick J Morrison, Honorary Editor.

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