Reply: Is it really *Aeromonas hydrophila*?

O. O. de Moraes · C. M. Gomes

Received: 27 October 2012 / Accepted: 30 October 2012 / Published online: 8 November 2012
© Springer-Verlag Berlin Heidelberg 2012

To the Editor,

Firstly, we would like to thank Su et al. for the interesting and pertinent comments and questions about our manuscript [1]. They not only introduce new considerations to our case, but they also provide us with the opportunity to discuss new aspects of *Aeromonas* which were not addressed in the original article.

We take on board your question “is it really *Aeromonas hydrophilla*?”, although we are afraid there is no answer because no molecular identification tests were applied in the index case. Nonetheless, we wish to discuss some practical issues of *Aeromonas* species identification and its clinical relevance.

A. aquariorum is a relatively recently described species—a fact that actually may explain the possible misidentification of the species involved in human disease [2]. Its precise distribution in the environment is still unknown and a few years ago it was still considered a species without clinical relevance in humans [3]. Only recently have papers shown human infection and colonization by *A. aquariorum* to be much more common than previously believed [4].

It is important to state that laboratory techniques used to identify *Aeromonas* species are really variable from several studies, making it difficult to define a reliable and accurate method for this purpose [2]. Molecular biology would certainly be the best way to solve this problem but we must consider this to be an unreliable alternative in most countries around the world. It is also imperative to highlight the

occurrence of high rates of mutations and horizontal transfer in the genus *Aeromonas*, sometimes making even the molecular identification difficult [5].

In our index case we have used extensively described biochemical methods to classify *Aeromonas* species; otherwise we consider sufficient the identification of *Aeromonas* genus for the practical purpose of the patient's treatment. The susceptibility for active drugs in the genus appears to be independent of species designation, as mentioned by Janda et al. (2010) [3]. Despite this, we assume that genotypic tests may be useful in similar cases to ours allowing for a precise identification and classification of the etiologic agent [5].

Conflict of interest The authors state that they have no conflict of interest.

References

1. Coutinho AS, de Moraes OO, Gomes CM, de Oliveira Carneiro da Motta J. Cutaneous abscess leading to sepsis by *Aeromonas hydrophila*. Infection. 2012 (Epub ahead of print).
2. Wu CJ, Wang HC, Chen CS, Shu HY, Kao AW, Chen PL, Ko WC. Genome sequence of a novel human pathogen, *Aeromonas aquariorum*. J Bacteriol. 2012;194(15):4114–5.
3. Janda JM, Abbott SL. The genus *Aeromonas*: taxonomy, pathogenicity, and infection. Clin Microbiol Rev. 2010;23(1):35–73.
4. Wu CJ, Tsai PJ, Chen PL, Wu IC, Lin YT, Chen YH, Wang LR, Ko WC. *Aeromonas aquariorum* septicemia and enterocolitis in a cirrhotic patient. Diagn Microbiol Infect Dis. 2012 (Epub ahead of print).
5. Roger F, Lamy B, Jumas-Bilak E, The colBVH study group, Marchandin H. Ribosomal multi-operon diversity: an original perspective on the genus *Aeromonas*. PLoS One. 2012;7(9):e46268. Epub 2012 Sep 27.

O. O. de Moraes (✉) · C. M. Gomes
Department of Dermatology, University Hospital of Brasilia,
University of Brasilia, SGAN 605, Asa Norte,
Brasilia (DF) CEP 70910-900, Brazil
e-mail: orlando.unb@gmail.com