

# Letter to the Editor: Impact of antimicrobial selection for prophylaxis of left ventricular assist device surgical infections.

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To the Editor:

A recently published article by Peter T. Nguyen et al.<sup>1</sup>” Impact of antimicrobial selection for prophylaxis of left ventricular assist device surgical infections” catches our eyes of interest. The efforts made by the authors are of great importance and ought to be recognized by the readers. The last point made by the author is that gram-positive organisms should be covered as a priority during the implantation protocols of the left ventricular assist device. Considering the study’s limitations, the retrospective design of this study raised many concerns as it is prone to be affected by reporting bias due to not recalling properly, which leads to indecorous documentation; this would be fair if the author has used data of the present times. This study is also threatened by publication bias because it has included participants from one selected location; it significantly affects the methodological quality, which would be corrected by conducting a multicenter study. In addition, the article does not contain information about antibiotics used to prevent infections. The other studies would have provided insight into the specificity of this case.<sup>2,3</sup> Meropenem, linezolid and vancomycin were the most effective and widely used antibiotics of any antibiotic used. Given scrub-in procedures, which is the weakness of this study, another study highlighted that the driveline exit site should be diluted with hydrogen peroxide, and germicide occlusive gauze should be used for wound care.<sup>3</sup> Upon completion of the process, negative pressure wound therapy may be used for rapid recovery. In addition, a study mentioned technical approaches for LVAD, including standard strategies like full median sternotomy and sternotomy sparing approaches like full lateral thoracotomy and less invasive strategy; the author fails to mention these in this article.<sup>4</sup> Finally, it was discovered that there was a patient follow-up issue due to lack of knowledge or non-serious behaviour, which resulted in inadequate documentation. However, it is seen in another article,<sup>5</sup> since they managed to stay in contact with their patients 2 years after the transplant. **References:**

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