Dr Larson comments:

If acute diarrhoea in adult patients caused by 
\textit{Salmonella}, \textit{Shigella}, \textit{Campylobacter} and 
\textit{Clostridium} species are regarded as separate 
clinical entities, haemorrhagic colitis not due to 
these organisms is the single most common 
classical presentation of acute diarrhoea 
to our infectious disease unit. It was patients 
with this clinical presentation whom we 
subsequently studied for evidence of infection 
with verotoxin producing \textit{Escherichia coli} 
and failed to find it. If these cases are, 
in fact, caused by infection with \textit{E coli} 0157, 
this organism would be the single most prevalent 
gastrointestinal pathogen in the community. 
But I continue to be sceptical about this 
conclusion.

Drs Chapman, Wright, and Norman do 
not describe the patient population which 
was the source of the faecal samples they 
tested. Thus it is not possible to estimate a 
prevalence for \textit{E coli} 0157 infection from 
their data (nor from data in their references 6 
and 7) to compare it with our own. The 
percentage of cases of haemorrhagic colitis 
they found to be due to \textit{E coli} 0157 is very 
high, however, significantly higher even 
than that found by Smith \textit{et al}, or Pai \textit{et al}. 
This suggests that they describe not sporadic 
but epidemic haemorrhagic colitis.

\textbf{Reference}

1. Jewkes J, Larson HE, Price AB, Sanderson PJ, 
   Davies HA. Aetiology of acute diarrhoea in 

\textbf{Staphylococcus lugdunensis endocarditis}

We were interested to read the description of a 
new type of staphyloccoccal endocarditis by 
Smyth \textit{et al.} No species identification was 
done for the staphyloccocal strain which has 
most of the characteristics of \textit{Staphylococcus 
lugdunensis}, a new coagulase negative 
staphyloccocal species. This species produces 
smooth, glossy colonies, initially cream-coloured, 
but becoming pale yellow to 
golden after five days. Using the API Staph 
gallery (API-System, Montalieu-Vercieu, 
France), \textit{S lugdunensis} is incorrectly 
recognised as \textit{S hominis} biotype 3. Such strains are 
identified as \textit{S hominis} if they have an 
ornithine decarboxylase and a fibrinogen 
affinity factor. They also have a thermosable 
DNAase activity, like \textit{S aureus} but not like \textit{S 
epidermidis}.

\textbf{Matters arising}

\textit{S lugdunensis}, however, is probably more 
responsible for infections such as infective 
endocarditis. Three cases of infective 
endocarditis due to \textit{S lugdunensis} occurred in 
France in 1977, 1982, and 1983. The three 
strains, primarily recognised as coagulase 
negative staphyloccoci close to \textit{S hominis}, 
but with atypical characters, were correctly 
identified in 1988. Unlike the usual hospital 
\textit{S epidermidis} isolates, the strains were 
susceptible to all the antibiotics tested (benzyl-
penicillin, meticillin, aminoglycosides, 
chloramphenicol, tetracycline, macrolides, 
fusidic acid, vancomycin . . .).

If \textit{S lugdunensis} seems, like \textit{S epidermidis} 
and \textit{S saprophyticus}, to be a coagulase 
negative staphyloccocus isolated from 
human infections, its correct identification is 
a necessity and can be done easily. Coagulase 
and fibrinogen affinity factor (clumping 
factor) must both be detected, and the positivity 
of the second test suggests only that the 
isolate is \textit{S lugdunensis}; its definite 
identification is achieved by the other biochemical 
tests, including ornithine decarboxylase 
detection.

\textbf{References}

1. Smyth EG, Wright ED, Marples RR. New type of 
staphylococcal endocarditis. \textit{J Clin Pathol} 
1988;41:909-14.
lugdunensis sp. nov. and Staphylococcus 
schleiferi sp. nov., two species from human 
clinical specimens. \textit{Int J Syst Bacteriol} 
\textit{Staphylococcus lugdunensis} endocarditis. 

\textbf{Dr Smyth and \textit{et al} comment:}

We agree that the organism we described as 
causing endocarditis can probably be 
identified as \textit{S lugdunensis}, a new species first 
described by Etienne \textit{et al} in 1988. The 
description was not available to us at the 
time we studied the strain from this patient, 
but we were cognisant that ornithine 
decarboxylase positive staphyloccoci resembling \textit{S}
Staphylococcus lugdunensis endocarditis.

J Etienne, Y Brun and J Fleurette

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