



nation with trimethoprim-sulfamethoxazole. Many isolates of *N brasiliensis* are resistant to imipenem, however.

The length of therapy is controversial. For patients with cutaneous nocardiosis, 3 to 6 months of therapy is acceptable. Prolonged therapy is required for patients with mycetoma. Patients with pleuropulmonary disease should be treated at least for 6 months and patients with CNS involvement should complete 12 months of therapy.

Because this patient had severe symptoms, she was initially treated for 2 weeks with intravenous amikacin and imipenem, followed by oral trimethoprim-sulfamethoxazole. Her lesions began to improve after a few days of therapy. She was discharged home and instructed to complete 6 months of therapy with oral trimethoprim-sulfamethoxazole.

■ ALTERNATIVE TREATMENTS FOR PATIENTS ALLERGIC TO SULFA DRUGS

4 In patients with nocardiosis who are allergic to sulfa drugs, what alternative antibiotics can be used?


- Amikacin
- Imipenem
- Amoxicillin-clavulanate
- All of the above

All of these agents can be used to treat patients allergic to sulfa drugs.

Amikacin and imipenem, as noted above, are two alternative antibiotic agents for severe or disseminated infections, and are often used in combination with trimethoprim-sul-

famethoxazole. However, they can also be used alone in patients allergic to sulfa drugs.

Amoxicillin-clavulanate or **minocycline** can be used generally in combination with amikacin for CNS infections in patients who require oral medication other than trimethoprim-sulfamethoxazole. **Ceftriaxone**, **cefotaxime**, and **cefuroxime** are used for CNS infections because of their excellent cerebrospinal fluid penetration and low toxicity.

Doxycycline, **erythromycin**, **clarithromycin**, **ampicillin**, **dapsone**, and **fluoroquinolones** may be used according to in vitro susceptibility. Isolates of *N otitidis-caviarum* are usually resistant to sulfamethoxazole. 

■ SUGGESTED READING

- Beaman L, Beaman BL.** Nocardia species: host-parasite relationships. *Clin Microbiol Rev* 1994; 7:213–264.
- Clark NM, Braun DK, Pasternak A, Chenowith CF.** Primary cutaneous *Nocardia otitidis caviarum* infection: case report and review. *Clin Infect Dis* 1995; 20:1266–1270.
- Goldman L, Bennett JC.** Cecil Textbook of Medicine, 21st ed. Philadelphia: W.B. Saunders, 2000:1885–1887.
- Henry PH, Longo DL.** Enlargement of lymph nodes and spleen. In Fauci AS, Braunwald E, Issenbacher KJ, et al, editors. *Harrison's Principles of Internal Medicine*, 14th ed. New York: McGraw-Hill, 1998:345–347.
- Khardori N, Shawar R, Gupta R.** Antimicrobial susceptibilities of *Nocardia* sp. *Antimicrob Agents Chemother* 1993; 37:883–884.
- Kostman JR, DiNubile MJ.** Nodular lymphangitis. *Ann Intern Med* 1993; 118:883–888.
- Lerner PI.** Nocardiosis. *Clin Infect Dis* 1996; 22:891–905.
- Mandell GL, Bennett JE, Dolin R.** *Nocardia* species. In *Principles and Practice of Infectious Diseases*, 5th ed. Philadelphia: Churchill-Livingstone, 2000:2637–2645.
- Williams PL, Warwick R, Dyson M, et al.** *Angiology*. In *Gray's Anatomy*, 37th ed. New York: Churchill-Livingstone, 1989:845–847.

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Sulfonamides are a common treatment for nocardiosis

CORRECTIONS

The answer key to the August 2000 CME Credit Test contained an error. The answer to question 8 (Transmyocardial revascularization entails creation of small channels in the myocardium using:) should have been B—a laser.

The answer key to the September 2000 CME Credit Test also contained an error. The answer to question 10 (True or false? Clinical symptoms of diabetic gastropathy are well correlated with the rate of gastric emptying) should have been B—false.

On page 737 in the article by Mario J Garcia, “Diastolic dysfunction and heart failure: Causes and treatment options” in the October issue, the word “precipitate” was omitted from the following sentence: However, aggressive diuresis can significantly decrease cardiac output and precipitate prerenal azotemia due to the steep pressure volume relationship characteristic of the “stiff” left ventricle (**FIGURE 3**).

We apologize for these errors and thank all the readers who pointed them out.