



Fasciitis presumptively due to *Lactococcus garvieae*

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Dear Editor

I have read the first number of *Microbes, Infection and Chemotherapy*. In my condition of clinical microbiologist specialized in streptococci and streptococcal diseases, my attention was put in one case report written by Valencia-Mesias et al. They described a case of fasciitis presumptively due to *Lactococcus garvieae* in an immunocompromised young man (1).

Taking into account that *Lactococcus* spp. are rarely involved in human infections, authors should not rely only in an automatized method as Vitek 2 to identify the isolates obtained from the wound of that patient. As Malek et al. (2) and Navas et al. (3) clearly recommended, MALDI-TOF MS and better 16S rRNA or *sodA* gene sequence analysis should be used to confirm the identification of *Lactococcus* isolates.

The identification by Vitek 2, consequently, does not allow the authors to affirm that this is the first case of fasciitis due

to *L. garvieae*.

Another detail that I want to highlight is that it is surprising that the administration of clindamycin (susceptible) has been suspended and has been changed to trimethoprim-sulfamethoxazole (resistant), favoring the data from the literature over those obtained by the susceptibility tests. Fortunately, the patient also received vancomycin.

Keywords

Fasciitis, *Lactococcus garvieae*, Vitek 2.

Conflict of interest

The author declare no conflicts of interest with respect to this letter.

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