Reply to Chien et al

To the Editor—We are thankful for the comments made by Chien et al, which enrich the discussion on the important issue of vascular complications caused by nontyphoid *Salmonella* (NTS) isolates [1]. We do agree that it is a limitation of the present study addressed by Chien et al that only 42.2% of the patients underwent imaging studies to exclude the presence of vascular infections [2]. As mentioned, we had recognized that the prevalence of vascular infections was likely to be underestimated, especially among those without imaging studies. However, the prediction capabilities of the scores derived from the selected 151 patients and that of the initial study population were comparable (the area under the receiver operating...
characteristic curve was 0.80 and 0.83, respectively). The increment of the number of cases with imaging studies may increase the predictive power and applicability of the clinical score.

Chien et al also raised the issue of symptom duration before medical care [1]. Our previous studies showed that vascular infections were less frequently found in patients with malignancy and connective diseases if they were affected by NTS bacteremia [3, 4], and such a finding was supported by other reports in Taiwan [5]. A multicenter prospective study enrolling adults with NTS bacteremia to undergo computed tomography (CT) scanning is ongoing. The study will include more potential risk factors, such as the duration of symptoms and the severity of arterial atherosclerosis, into consideration. In addition, with clinical experience of an infected aortic aneurysm developing 3 months later even with 3 weeks of antimicrobial therapy [6], 6 months of follow-up is considered appropriate to exclude the likelihood of infected aortitis after the onset of NTS bacteremia.

Clinical courses of patients with NTS bacteremia may vary greatly. The decision of undergoing CT or magnetic resonance imaging (MRI) to screen the vascular infection should be individualized. Our results could help clinicians to recognize a high-risk population of infected vascular lesions among adults with NTS bacteremia, and justify comprehensive radiological surveys, but did not argue against the necessity of clinical alertness for vascular infections among immunosuppressed individuals aged >50 with NTS bacteremia, for whom it seems to be unreasonable to recommend imaging studies due to economic concerns and contrast medium–related adverse effects. In our study cohort, if the NTSVI score were ≤0 (ie, −1 or −2), all 43 patients with imaging studies had no vascular infections. This negative finding would certainly question the need of imaging surveys to exclude the existence of vascular lesions. Moreover, it was noteworthy that half of the patients with a risk of vascular infection were not surveyed by CT or MRI scans in our study population. Therefore, it is prudent to recommend that the patients identified as being at a risk of vascular infections by the scoring algorithm need further imaging studies.

Note

Potential conflicts of interest. All authors: No reported conflicts.

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