

April 11, 2011

Dr. (Internist)
Dr. (Urologist)
Dr. Infectious Disease)

Via FAX

Dear Doctors,

Recently I have had a few conversations that suggest certain differences and or misunderstandings are developing concerning my treatment and sources for the bacteria colonization. In an effort to correct this, I offer my understanding of the situation.

When I was admitted into the La Grange Adventist Emergency Department at the beginning of March 2011, I had an elevated temperature and the doctor began treating me for an infection based upon my symptoms and an October 2010 urine culture that showed growth of *P. aeruginosa*. The antibiotic selected was Zosyn and the October report indicated Zosyn was effective against my *P. aeruginosa*. I received multiple doses of Zosyn until several days later when the laboratory reported only growth of *E. coli*. Zosyn was then discontinued. In subsequent cultures while I was being treated with Ertapenem, no bacteria was detected. Once all IV antibiotics were disconnected, a now resistant to Zosyn *P. aeruginosa* was found. To me this is highly suggestive if not absolute proof that my *P. aeruginosa* was alive and well living in me but was either so slow growing that the *E. coli* overgrew it, the lab missed identifying it or somehow the *P. aeruginosa* was suppressed by the Ertapenem or the residual Zosyn that the laboratory results must be questioned. How else did the *P. aeruginosa* become resistant to Zosyn? Since no treatment of the *P. aeruginosa* has been taken since the March 14 kidney stone removal I question any conclusion about other sources for the *P. aeruginosa* bacteria colonization.

I have been told a few times my *P. aeruginosa* has now become resistant to Gentamicin like this is brand new news. It's not and I dispute that observation. The *P. aeruginosa* has been resistant (there may have been one or two times where it had an intermediate sensitivity but I believe that was many years ago) to Gentamicin for many years. When Dr. Keilb prescribed the Intravesicular Irrigation of Gentamicin, it was in my response to the question is there anything else when can do to break the recurrent infections I was experiencing in 2008. It is not clear to me that the infusion of Gentamycin was to directly combat the *P. aeruginosa*. I have long held the belief the infectious disease doctor took a dim view of this application since its inception in 2008. Basing discontinuance on the fact that the *P. aeruginosa* is resistant to Gentamicin does not make sense to me, as it was resistant when it was first prescribed. I suggest more consideration to this issue and the fact that prior to the March illness I had been doing reasonable well despite the colonization.

In conclusion, if I have made any error or made any statement that is disputed by any facts I welcome your input and correction. I also apologize for being a difficult patient though I do feel OK at present.

Sincerely,

Richard Morton