

## Correspondence

### Aetiological agents of community acquired pneumonia

Sir,

The article of Asghar's *et al*<sup>1</sup> about bacterial pneumonia during Hajj. They reported that most common aetiological agents were *Candida albicans* (27.5%), *Pseudomonas aeruginosa* (20.9%) and *Legionella pneumophila* (14.3%) in their community acquired pneumonia (CAP) patients. We disagree with this information, because it is known that most common aetiological agents of CAP are *Streptococcus pneumoniae*, *Haemophilus influenzae*, *Moroxella catarrhalis* and atypical agents (*Mycoplasma*, *Legionella*, *Chlamydia* and viruses).

Definitive aetiological diagnosis of CAP is still uncertain. In general, *Pseudomonas* spp. is expected in hospital acquired settings while *Candida* pneumonia in immunocompetent individuals is very rare in community acquired settings<sup>3</sup>. Many factors may be related with the high rate of *Candida* and *Pseudomonas* spp. isolations in their patients suspected to have pneumonia. Isolation of *Candida* from the respiratory tract is common<sup>4</sup>. Because of a reasonably high occurrence of yeasts colonizing the respiratory region, diagnosis of *Candida* pneumonia should not be made based on only clinical, bacteriological and radiographic findings. The diagnosis could be done with lung biopsy findings or mannan test for definitive diagnosis of *Candida* pneumonia.

Most of their *Candida* and *Pseudomonas* isolates may be respiratory tract colonizing microorganism. So, they should clarify as to how they differentiated the causative agents from the colonized microbial agents.

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### References

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