



Reference

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Clinical Significance of Spontaneous Bacterial Peritonitis in Cirrhotic Patients: A Case-Control Study

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Background. Although *Aeromonas* species are known to cause bacteremia, little is known about spontaneous bacterial peritonitis (SBP) caused by *Aeromonas* species.

Methods. We performed a retrospective, matched case-control study (1:2) of patients with SBP due to *Aeromonas* species from January 1997 through December 2006, compared with SBP caused by other organisms and were matched to the patients by age, sex, and cirrhosis.

Results. We identified 43 patients with SBP due to *Aeromonas* species, 12 (28%) with *Aeromonas hydrophila* infection and 3 (7%) of whom had *Aeromonas sobria* infection. The remaining 28 (65%) were infected with *Escherichia coli*, 25 (31%) were infected with *Klebsiella* species, 12 (15%) were infected with *Streptococcus* species, and 6 (7%) were infected with other bacteria. Baseline Child-Pugh class and model for end-stage liver disease score did not differ between groups. A significant increase in the incidence of infection during the warm season (July–September) was observed in the group with SBP due to *Aeromonas* species, compared with the group with SBP due to other bacteria (63% vs. 25%; $P < .001$). Diarrheal episodes were significantly more frequent in the group with SBP due to *Aeromonas* species (26% vs. 6%; $P = .002$). There were no statistically significant differences between groups with regard to appropriateness of initial antibiotic therapy, 3-day mortality, and 30-day cumulative survival. In the group with *Aeromonas* infection, the in-hospital mortality rate was 23%; septic shock was the only independent prognostic factor of in-hospital mortality (odds ratio, 34.5; 95% confidence interval, 1.9–640.6; $P = .02$).

Conclusion. *Aeromonas* species should be considered to be a causative organism of SBP in cirrhotic patients presenting with diarrheal episodes during the warm season. Compared with SBP caused by other organisms, SBP due to *Aeromonas* species was not associated with more-advanced cirrhosis.

Aeromonas bacteremia in patients with cirrhosis or malignancy has been found to be associated with a higher mortality rate than bacteremia caused by other organisms [1–5]. Except for anecdotal reports, however, little is known about spontaneous bacterial peritonitis (SBP) caused by *Aeromonas* species in cirrhotic patients, although *Aeromonas* species have been suggested to cause peritonitis in cirrhotic patients [6].

In the Republic of Korea, *Aeromonas* species are the third most common organisms causing SBP, which is a prevalent cause of mortality in patients with cirrhosis [7]. Although areas with a high incidence of chronic liver diseases and a temperate climate, such as Taiwan, may have a similar incidence of SBP due to *Aeromonas* species, the incidence and characteristics of the infection have yet to be determined in these areas [8].

The clinically relevant *Aeromonas* species are uniformly resistant to penicillin and ampicillin and are often resistant to first- and second-generation cephalosporins; however, they have usually been invariably susceptible to third-generation cephalosporin, aztreonam, and carbapenem [9, 10]. Recently, clinical *Aeromonas* isolates have shown increasing resistance to third-generation cephalosporins [11].

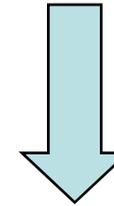
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“in-text references”

“본문 중 참고문헌 표기”

bacilli that cause bacteremia in cirrhotic patients in Taiwan and that cause SBP in cirrhotic patients in Korea [7, 8]. This prevalence is attributable to the high incidence of chronic liver diseases (hepatitis B and C) and cirrhosis, the eating of raw seafood or freshwater fish, and the ubiquitous presence of *Aeromonas* species in both countries [1, 8, 22].

Aeromonas species are regarded as causative organisms of diarrheal disease [23, 24]. In this study, we observed that 25 of patients with SBP due to *Aeromonas* species had diarrheal episodes before developing SBP. Because of the retrospective study design, we could not demonstrate a causative correlation (e.g., by performing stool cultures or enterotoxin analysis). In agreement with previous findings regarding *Aeromonas*-associated bacteremia and diarrhea, we found that SBP due to *Aeromonas* species showed extreme seasonality and was more prevalent during warm conditions [22, 23–26], likely because the optimal temperature for proliferation of this organism is 25°C–30°C [26].

The *in vitro* antibiotic resistance of *Aeromonas* species suggests that cefazidime, imipenem, and aztreonam should be the first-line choices for treatment [11]; however, susceptibility patterns have been found to differ by location and clinical conditions [5, 11, 21, 22]. We found that 90% of *Aeromonas* isolates were susceptible to cefotaxime, thus indicating that first-line empirical therapy for SBP can be used to treat infection caused by these organisms. However, because resistance to multiple antibiotics in *Aeromonas* isolates can be mediated by several enzymes (chromosomal or plasmid mediated β -lactamases) because of selective pressure, meticulous attention and monitoring of resistance patterns are necessary [11, 27, 28].

Our study has several limitations. First, we included cases of SBP proven only by blood culture with neutrocytic ascites as probable cases. In subgroup analysis of patients with definite SBP, we could not determine the seasonal component for the group with SBP due to *Aeromonas* species. However, one-third of patients with culture-negative neutrocytic ascites had positive blood culture results [13]. Our patients with probable cases had no sign of local infection other than SBP. Therefore, we assure that both definite and probable cases could be included in this study without seriously compromising the results. Second, because it was an age- and sex-matched case-control study and not a randomized trial, an unknown risk factor may have been overlooked. We could not determine all of the potential sources of *Aeromonas* infection. In this study, none of the patients used medicinal leeches or had skin or soft-tissue infections. However, this does not indicate that the patients were not exposed to fresh or brackish water, another possible source of *Aeromonas* infection [3, 17]. Third, there may have been selection biases. The incidence rates of hepatitis B virus-associated chronic liver disease, cirrhosis, and hepatocellular carcinoma are high in the Republic of Korea, and the 2 study groups were selected from

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“reference list”

“참고문헌 목록”

본문 중 참고문헌 표기 방식

인용 순서 방식; **citation-sequence**

저자명 순서 방식; **citation-name**

저자명 연도 방식; **name-year**

1. 인용 순서 방식; citation-sequence

❖ 의학, 응용과학 분야에서 많이 사용

❖ 본문에서 인용한 순서대로 해당 문장에 번호를 붙이고
본문 끝의 참고문헌 목록에 동일한 번호 순서대로 나열

❖ Vancouver 스타일

1978년 의학학술지 편집인들이 캐나다 밴쿠버에서 회의
Uniform requirements for manuscripts submitted to
biomedical journals

Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication

Updated February 2006

**International Committee of Medical Journal
Editors**

- I. Statement of Purpose**
- II. Ethical Considerations**
- III. Publishing and Editorial Issues**
- IV. Manuscript Preparation and Submission**
- V. References**

2: [Clinical significance of spontaneous Aeromonas bacterial peritonitis in cirrhotic patients: a matched case-control study.](#)

Choi JP, Lee SO, Kwon HH, Kwak YG, Choi SH, Lim SK, Kim MN, Jeong JY, Choi SH, Woo JH, Kim YS.

Clin Infect Dis. 2008 Jul 1; 47(1): 66-72.

3: [Emergence of antibiotic resistance during therapy for infections caused by Enterobacteriaceae producing AmpC beta-lactamase: implications for antibiotic use.](#)

Choi SH, Lee JE, Park SJ, Choi SH, Lee SO, Jeong JY, Kim MN, Woo JH, Kim YS.

Antimicrob Agents Chemother. 2008 Mar;52(3):995-1000. Epub 2007 Dec 17.

PMID: 18086837 [PubMed - indexed for MEDLINE]

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인용 순서 방식; citation-sequence

“본문 중 참고문헌 표기”

Aeromonas bacteremia in patients with cirrhosis or malignancy has been found to be associated with a higher mortality rate than bacteremia caused by other organisms ([1-5]). Except for anecdotal reports, however, little is known about spontaneous bacterial peritonitis (SBP) caused by *Aeromonas* species in cirrhotic patients, although *Aeromonas* species have been suggested to cause peritonitis in cirrhotic patients ([6]).

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인용 순서 방식; 본문 중 참고문헌 표기

mortality rate than bacteremia caused by other organisms [1-5]. Except for anecdotal reports, however, little is known about spontaneous bacterial peritonitis (SBP)

[1-5] NOT “short - or ~”
[2,3,5] “번호 사이는 붙여서”

We found that the emergence of resistance during antimicrobial therapy was mainly confined to *Enterobacter* spp., although the amount of the AmpC β -lactamase produced by *S. marcescens*, *C. freundii*, and *M. morganii* can also be increased upon exposure to various antimicrobial agents (1). The lack of

pathogenic *Vibrio* species and can even grow in extremely high salt concentrations (as high as 10%).¹ This organism lives mainly in the coastal waters of temperate and tropical regions.²⁻⁴ Its

인용 순서 방식; 본문 중 참고문헌 표기

급성 세균성 이하선염은 1828년 처음 보고되었고(1) 동반된 질환의 유무에 따라 그 중증도가 다양하게 나타나는 질환이다. 원인균으로는 *Staphylococcus aureus*가 가장 흔하고(2) 그 다음으로 흔한 원인균에는 *Streptococcus species*, *Hemophilus influenzae*

피부 결핵은 1826년 Laennec이 해부 시범을 보이는 사람에서 발생한 사마귀(prosector wart)를 처음 보고한¹⁾ 이래 많은 증례들이 기술되고 분류되어 왔었다. 그럼에도 불구하고 피부 결핵의 진단에 여전히 어려움을 겪는 경우를 흔히 보게 되는데 그 이유는 병변이 항상 특징적인 양상을 보이는 것이 아니고 항산성균을 증명하는 것도 쉬운 일이 아니기 때문이다²⁾. 더

인용 순서 방식; 본문 중 참고문헌 표기

혈청에서의 약물 농도비는 44배였다(8). Telithromycin을 평상시 권장 용량인 800 mg을 건강성인에 투여한 연구에서 투여 첫날 10시간 후에 최고혈청농도가 2.35 mg/L (rang 1.40

하여, azithromycin을 정맥주사 하였다. Telithromycin의 제3상연구에서 가장 흔한 부작용은 설사(10.8%), 오심(7.9%), 두통(5.5%), 어지러움(3.7%), 구토(2.9%)였다. 이러한 부작용은 대개 심하지 않아 이로 인하여 약제를 중단했던 경우(4.4%)는 비교약제(4.3%)와 유사하였다. 그 외 심전도에서 QTc 간격의 증가, 일시적인 간기능 이상 등이 발생하였다(21). 그 외 찻찻가무시병에 동반된 위장관 증상에 의했을 가능성도 있다.

인용 순서 방식의 장단점

< 장 점 >

본문에는 번호만 붙어 있어 본문을 읽는 데 방해가 덜 된다.

< 단 점 >

논문을 읽거나 쓸 때, 참고문헌을 확인하려면

매번 본문 끝의 참고문헌 목록과 맞추어 보아야 한다.

2. 저자명 순서 방식; citation-name

참고문헌 목록을 저자 성의 알파벳 순서로

나열하여 번호를 붙이고,

분문에서는 인용 순서에 관계없이

이 번호에 따라 참고문헌을 표기하는 방식.

저자명 순서 방식; citation-name

“본문 중 참고문헌 표기”

Acinetobacter baumannii strains are becoming increasingly important nosocomial pathogens (3), especially in intensive care units (ICUs), where outbreaks due to this microorganism have been reported (2, 5, 11). A particular concern has been

“참고문헌 목록”

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저자명 순서 방식의 장단점

< 장 점 >

본문에는 번호만 붙어 있어 본문을 읽는 데 방해가 덜 된다.

참고문헌 목록에서 원하는 저자를 쉽게 찾을 수 있다.

< 단 점 >

논문을 수정할 때, 본문에 표기된 번호와

참고문헌 목록의 번호를 맞춰가면서 바꾸어야 한다.

3. 저자명 연도 방식; name-year

- ❖ **APA 스타일 (American Psychological Association)**

사회과학, 생물학, 식물학, 지구과학 등의 분야

- ❖ 참고문헌 목록을 저자 성의 알파벳 순서로

나열하지만 번호를 붙이지 않고,

분문에서는 번호 대신 괄호 속에 저자명과

연도를 적어서 구분한다.

저자명 연도 방식; name-year

“본문 중 참고문헌 표기”

negative rods, such as *Pseudomonas aeruginosa* and *Acinetobacter baumannii* (Gaynes and Culver, 1992; Lee et al., 2004; NNIS, 2004). Recently, carbapenem

“참고문헌 목록”

Gaynes RP, Culver DH (1992) Resistance to imipenem among selected gram-negative bacilli in the United States. *Infect Control Hosp Epidemiol* 13:10–14.

Lee S-O, Kim NJ, Choi S-H, Hyong Kim T, Chung J-W, Woo J-H, Ryu J, Kim YS (2004) Risk factors for acquisition of imipenem-resistant *Acinetobacter baumannii*: a case-control study. *Antimicrob Agents Chemother* 48:224–228.

저자명 연도 방식; 본문 중 참고문헌 표기

(Charlson et al., 1994, 1987),

참고문헌
목록

Charlson ME, Pompei P, Ales KL, MacKenzie CR (1987) A new method of classifying prognostic comorbidity in longitudinal studies: development and validation. *J Chronic Dis* 40:373–383.

Charlson M, Szatrowski TP, Peterson J, Gold J (1994) Validation of a combined comorbidity index. *J Clin Epidemiol* 47:1245–1251.

(Harris et al., 2002a, 2002b).

참고문헌
목록

Harris AD, Perencevich E, Roghmann MC, Morris G, Kaye KS, Johnson JA (2002a) Risk factors for piperacillin–tazobactam-resistant *Pseudomonas aeruginosa* among hospitalized patients. *Antimicrob Agents Chemother* 46:854–858.

Harris AD, Samore MH, Lipsitch M, Kaye KS, Perencevich E, Carmeli Y (2002b) Control-group selection importance in studies of antimicrobial resistance: examples applied to *Pseudomonas aeruginosa*, enterococci, and *Escherichia coli*. *Clin Infect Dis* 34:1558–1563.

저자명 연도 방식의 장단점

< 장 점 >

본문을 읽을 때, 참고문헌 목록을 보지 않고도
저자와 발행 연도를 확인하면서 읽을 수 있다.

논문을 수정하면서 참고문헌을 추가 또는 삭제할 때
번호를 바꿀 필요가 없으므로 편리하다.

< 단 점 >

표기 방식이 너무 복잡하다.

bacilli that cause bacteremia in cirrhotic patients in Taiwan and that cause SBP in cirrhotic patients in Korea [7, 8]. This prevalence is attributable to the high incidence of chronic liver diseases (hepatitis B and C) and cirrhosis, the eating of raw seafood or freshwater fish, and the ubiquitous presence of *Aeromonas* species in both countries [1, 8, 22].

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