

Comment on “host biliary bacteria in cholecystectomy at a secondary-care teaching hospital, an observational study”

Comentario sobre “Bacteriología biliar del huésped en colecistectomía en un hospital de enseñanza de segundo nivel, un estudio observacional”

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Dear Editor,

We read with interest the article by Duarte-Martínez et al. on biliary bacteriology in patients undergoing cholecystectomy. The reported prevalence of positive bile cultures (25%) is consistent with previous series.¹ However, the absence of stratification according to clinically relevant variables such as severity of cholecystitis, prior antibiotic exposure, biliary instrumentation, and comorbidities-limits the external validity of the findings.² These factors are known to influence both the presence of bacteria in bile and antimicrobial resistance patterns.

The recommendation of quinolones as empirical therapy should be interpreted with caution. Current guidelines emphasize risk-based antimicrobial selection, and the limited number of positive cultures (n = 15) may not support changes in empirical protocols, particularly in the context of increasing fluoroquinolone resistance and safety concerns.²

In addition, reliance on conventional culture techniques may underestimate the biliary microbiota. Molecular approaches have demonstrated non-cultivable microorganisms in culture-negative samples, which may partially explain the high proportion of negative cultures observed.³

Finally, the routine use of intraoperative bile sampling remains debatable, especially in low-risk patients, where its clinical impact is uncertain.

In summary, while the study provides relevant local data, additional studies incorporating these variables are needed before these findings can support modifying empirical antibiotic strategies in routine practice.

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Conflicts of interest

The authors declare no conflicts of interest.

Ethical considerations

Protection of human subjects and animals. The authors declare that no experiments on humans or animals were performed for this research.

Confidentiality, informed consent, and ethical approval. This study does not involve personal patient data, medical records, or biological samples, and does not require ethical approval. SAGER guidelines do not apply.

Declaration on the use of artificial intelligence. The authors declare that no generative artificial intelligence was used in the writing or creation of the content of this manuscript.

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