

## Answer to the letter to the editor of A. Sotto et al. concerning “Antibiotic treatment in patients with chronic low back pain and vertebral bone edema (Modic type 1 changes): a double-blind randomized controlled trial of efficacy” by Albert HB et al., *Eur Spine J* (2013) 22:697–707

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Thank you for your comments, which give us the opportunity to elaborate on some aspects of our study.

You question the drug and the duration of the treatment. Three independent international experts in infectious diseases were presented with the bacterial culture results of Stirling's study [1] and all three recommended *Amoxicillin-clavulanate*. Therefore, treatment consisted of either *Amoxicillin-clavulanate* (500 mg/125 mg) (Bioclavid®) single dose 1 tablet three times a day or *Amoxicillin-clavulanate* (1,000 mg/250 mg) (Bioclavid®) 2 tablets three times a day, at 8-h intervals, for 100 days. This long duration of antibiotic treatment is commonly prescribed for post-operative discitis; we followed the recommendations of leading experts within microbiology. It is true that the study by Uçkay et al. [2] treated discitis for a shorter duration, but we did not refer to them as a reference for treatment time but rather for developments relating to the MRI scans. Indeed, this would have been difficult as they published their study 1 year after our study had completed the last follow-up of the patient.

We agree that we should all worry about multiresistant bacteria. However, resistance occurs primarily with partial treatment in contagious diseases. This is the primary reason for our adoption of the traditional therapeutic period for disc infections.

It is true that Fayad did not find bacteria, but Stirling et al. [1], Corsia et al. [3], Agarwal et al. [4] and Fritzell

et al. [5] did. One should be extremely cautious, when presenting so called “negative studies” particularly in this field, as they are likely a result of the difficulty in culturing low virulent anaerobic bacteria, which requires special techniques, skills and time. Few laboratories are adequately equipped for this work.

**Conflict of interest** None.

### References

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