

Preface

A New Look at Old Foes



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Editor

William Osler borrowed the phrase “captain of the men of death” to describe bacterial pneumonia from John Bunyan, a seventeenth century preacher, who used it to describe tuberculosis. Both infections remain major causes of morbidity and mortality. Despite an increasing number of vaccines, antibiotics, and knowledge about treatment, pneumonia itself continues to be a leading cause of death. Infections as a category remain among the most common causes of death. Because of this, health care providers need to be adept at keeping up with new developments in diagnosis and treatment of common infections, as well as being familiar with newly emerging infections. In this issue, we aim to provide an overview of some of the most severe types of infections that health care providers encounter in their patients. Some of these are unusual, such as encephalitis, but have significant complications. Some infections long thought to be vanquished, such as measles, are re-emerging. Failing to recognize these illnesses or not treating them appropriately can cause terrible complications for patients.

In the article on measles, Dr Colburn reminds us that a disease previously in dramatic decline is now resurging due to a decrease in vaccination rates. Unlike prior clinicians who had to rely on clinical experience for diagnosis, we now have molecular diagnosis and serology to confirm the diagnosis. The greatest challenge we now have is recognizing signs and symptoms of measles and encouraging continued vaccination. In the article on Severe Infections in Returning Travelers, Dr Blumrick provides a helpful framework for thinking about specific infections based on incubation periods.

Another resurging type of infection is described by Drs Georgescu, Shah, and Khalil in the Summary of Severe Sexually Transmitted Diseases. Neurosyphilis has once again become a more common occurrence and can be vertically transmitted during pregnancy. Mpox has emerged during the last two decades, with widespread outbreaks causing illness and severe disease, especially in people with HIV infection.

Once again, awareness of the infection and appropriate diagnostic testing are the most important steps in care, both for the individual patient and to protect others.

In addition to newly emerging infections and re-emergence of old foes, we now have growing rates of infections due to medical innovation. Drs Mulliken and Bainbridge provide an excellent overview of infective endocarditis, which has been rising due to the increased implantation of intracardiac devices and prosthetic heart valves. The overview of prosthetic joint infections by Dr DeBiase also reminds us that the use of prosthetic joints has almost doubled in the last 15 years, and this can be accompanied by devastating infections. These infections are often complicated, and both diagnosis and treatment require multidisciplinary care. Similarly, the excellent review by Drs Shin and colleagues on Fulminant *Clostridioides difficile* reminds us of complications of another commonly used medical innovation: antibiotics. The very thing that we use to treat most of the problems described in the articles in this issue has potential for unintended consequences that can lead to great morbidity and mortality. Finally, while antibiotics have greatly improved our capacity to treat infections, we find ourselves dealing with multidrug-resistant bacteria.

All the topics chosen for this issue are problems that are encountered by primary care providers and hospitalists in the course of usual patient care. While less common, recognizing the warning signs of spinal epidural abscess, vertebral osteomyelitis, necrotizing soft tissue infection, tuberculosis, encephalitis, and bacterial meningitis is critical for providing accurate diagnosis and best medical innovation for people with severe infections. All the articles on these topics provide an excellent overview and clinical care points that will be helpful for busy clinicians.

DISCLOSURES

I have no financial or commercial conflicts of interest to disclose.

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