Sir,

I cannot agree with Fallon et al. [1] that there is no published literature reporting the occurrence of granulocytopenia secondary to oxacillin therapy. Probably, the first case of oxacillin-induced neutropenia was reported by Freedman [2] in January 1965 in a 33-year-old woman following 2\(\frac{1}{2}\) months of therapy with oral oxacillin, 3 g/day. Without undertaking an extensive literature search, I can cite at least 13 cases of granulocytopenia, leukopenia and neutropenia (including one geriatric case and 8 pediatric cases) where oxacillin was implicated as the causative agent [3-7]. In the majority of cases, oxacillin was used in rather high dosages to treat several types of infections (e.g. septic arthritis, epidural abscess, wound infections, osteomyelitis, bacteremia, endocarditis) caused primarily by Staphylococcus aureus. The abnormalities were uniformly reversible when therapy with the antimicrobial agent was discontinued. The duration of exposure to oxacillin (2 days to 10 weeks) and the rapidity with which the patients’ conditions returned to normal (2 days to 4.5 weeks) varied widely.

As a postscript, I must add that a recent paper by Arbeter et al. [8] presented at the 88th Annual Meeting of the American Pediatric Society and Society for Pediatric Research, 26-28 April, 1978, reported three additional cases of oxacillin-induced neutropenia.

I hope that the above information will be of interest to the authors under reference and also to the readers of your esteemed journal.

References
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This letter was presented to one of the authors concerned (Dr. M. Brauer) who refrained from further comment.
The Editor