



Preface

Update on infectious diseases



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*Guest Editors*

The field of infectious diseases, much like other fields within the realm of medicine, is ever-changing in its knowledge, principles, and treatments. The field of infectious diseases as related to primary care is no exception. Because of the many different antimicrobial agents this field has introduced to medicine in recent years, many advances have taken place with related benefits to patients.

Unfortunately, many problems have arisen along with these advances. Pathogenic organisms, even common ones, seem to develop resistance to antimicrobials almost as fast as they are generated. The advent of HIV has forced physicians to completely “switch gears” when faced with the kinds of infecting organisms in a patient infected with HIV because of the immunocompromised nature of the host.

This issue of the *Primary Care: Clinics in Office Practice* features an excellent group of articles written by dedicated authors on infectious disease subjects commonly seen by primary care physicians. It begins with skin and subcutaneous infections and continues with an article on human and animal bites that includes an excellent discussion on anaerobic bacteria, which are commonly involved in bites. The issue continues with an article on urinary tract infections, followed by articles on gastroenteritis and antibiotic associated-colitis and hepatitis. The latter topic is an exciting one, because treatment is now available for hepatitis C. Articles on otitis media and rhinosinusitis follow. I (Richard Haddy) personally believe that sinusitis tends to be overdiagnosed in primary care, but this article gives a dynamic

overview regarding diagnosis and treatment. The article on community-acquired pneumonia highlights the problem of antibiotic resistance that can take place in microorganisms that cause a common disease. The articles on sexually transmitted diseases (STDs) are separated for men and women, because presentation of these diseases often is different in men and women, which forces physicians to think in different ways when diagnosing and treating. The article on HIV is structured to be relevant to primary care physicians treating patients infected with HIV.

We wish to express our thanks to our contributing authors for their fine contributions to this issue of the *Primary Care: Clinics in Office Practice*; we hope that it will result in some positive contributions to patient care.

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