A total 201 isolates of P. aeruginosa were collected consecutively from different patients. The study was carried out to determine the antimicrobial susceptibility pattern of P. aeruginosa isolates from in-patients and out-patients in the hospital. The specific objective of this study was to isolate P. aeruginosa from pus samples and determine the antibiotic susceptibility and resistance patterns of P. aeruginosa. The results of this study showed, highest resistance rate with Ceftazidime (46%), ticarcillin/clavulanic acid (44%), cefoperazone/sulbactum (42%), ciprofloxacin (28%), tobramycin (28%), Meropenem (26%), Aztreonam (20%), Amikacin (20%). The problem of increasing resistance to P. aeruginosa has limited the use of other classes of antibiotics like the fluoroquinolones, tetracyclines, macrolides and chloramphenicol. In fact, the irrational and inappropriate use of antibiotics is responsible for the development of resistance of pseudomonas species. In addition, regular antimicrobial susceptibility surveillance is essential for area wise monitoring of the resistance pattern. The results of this study showed, highest resistance rate with Ceftazidime (46%), ticarcillin/clavulinic acid (44%), cefoperazone/sulbactum 75/30 mg (Pfizer, India).(5) The specific objective of this study was to isolate P. aeruginosa from pus samples and determine the antibiotic susceptibility and resistance patterns of P. aeruginosa. The results of this study showed, highest resistance rate with Ceftazidime (46%), ticarcillin/clavulanic acid (44%), cefoperazone/sulbactum (42%), ciprofloxacin (28%), tobramycin (28%), Meropenem (26%), Aztreonam (20%), Amikacin (20%). The problem of increasing resistance to P. aeruginosa has limited the use of other classes of antibiotics like the fluoroquinolones, tetracyclines, macrolides and chloramphenicol. In fact, the irrational and inappropriate use of antibiotics is responsible for the development of resistance of pseudomonas species. In addition, regular antimicrobial susceptibility surveillance is essential for area wise monitoring of the resistance pattern. The results of this study showed, highest resistance rate with Ceftazidime (46%), ticarcillin/clavulinic acid (44%), cefoperazone/sulbactum 75/30 mg (Pfizer, India).(5)
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Discussion
The present study was conducted to determine the antibiotic sensitivity pattern of P. aeruginosa isolated from ear swabs and pus samples. In the present study, the maximum clinical isolates of P. aeruginosa were isolated from pus samples. The study was similar to a study by Jamshaid A K et al Pak J Pharm Sci and 32 other studies.

In the present study sex wise prevalence of clinical isolates shows that infections caused by Pseudomonas aeruginosa are more common in males (73%) compared to females (27%). This is comparable with study of Javia et al tertiary care hospital in Gujarat, India. Indian J Pharmacol., Jamshaid Ali Khan et al Pak J Pharm Sci and Rashid et al.(10) In our study amikacin showed highest sensitivity (80%) and (20%) resistance against pseudomonas aeruginosa. While in another study done by Siva Govri et al. in UMBI Malaysia amikacin showed the (80.6%) sensitivity against pseudomonas and resistance rate was (19.4%).

(11) In our study aztreonam showed (76%) sensitivity against pseudomonas and the resistance rate was (20%)(4%), while in another study done by S.Meenakumari et al. in SRM University Kattankulathur, INDIA showed the (100%) sensitivity of aztreonam against pseudomonas.

REFERENCE