We carried out the in-vitro activity of tigecycline by disc diffusion test and E test. By both methods 257 isolates were found to be sensitive while 4 and 7 isolates were found to be intermediate and resistant respectively. As none of the isolates was found to be sensitive by disc diffusion method and resistant by E test, (very major error, 0%) and only 2 isolates were found to be resistant by disc diffusion method but sensitive by E test (major error 0.74%). Thus we found no significant difference between these 2 methods which was concordant with other studies conducted by Somily et al[24] and Tellis et al.[10]

Disc diffusion method is simple to perform, highly reproducible and inexpensive .While E test is though costly but it can determined MIC easily as compared to agar dilution or microbroth dilution test.[24]

5. Conclusion

ESBLs have already established amongst family *Enterobacteriaceae* and there are limited treatment options against these ESBLs. So facing today's multidrug resistance era, not only the early recognition and spread of these MDR organisms is important but also we should be ready with new antimicrobials which has promising in vitro activity against ESBL-producing *Enterobacteriaceae*. Tigecycline can play a key role as therapeutic option in tackling ESBL producing *Enterobacteriaceae*. However, clinicians need to prescribe tigecycline appropriately, in order to avoid the emergence of resistant strains. From susceptibility testing by E test and disc diffusion, as there was no significant difference for tigecycline susceptibility, we concluded that depending upon availability and cost effectiveness either of the tests can be used.
In the current era of decreased newer antimicrobial development, effective control of risk factors for drug resistance, proper antibiotic policy and judicious use of antimicrobial is important.

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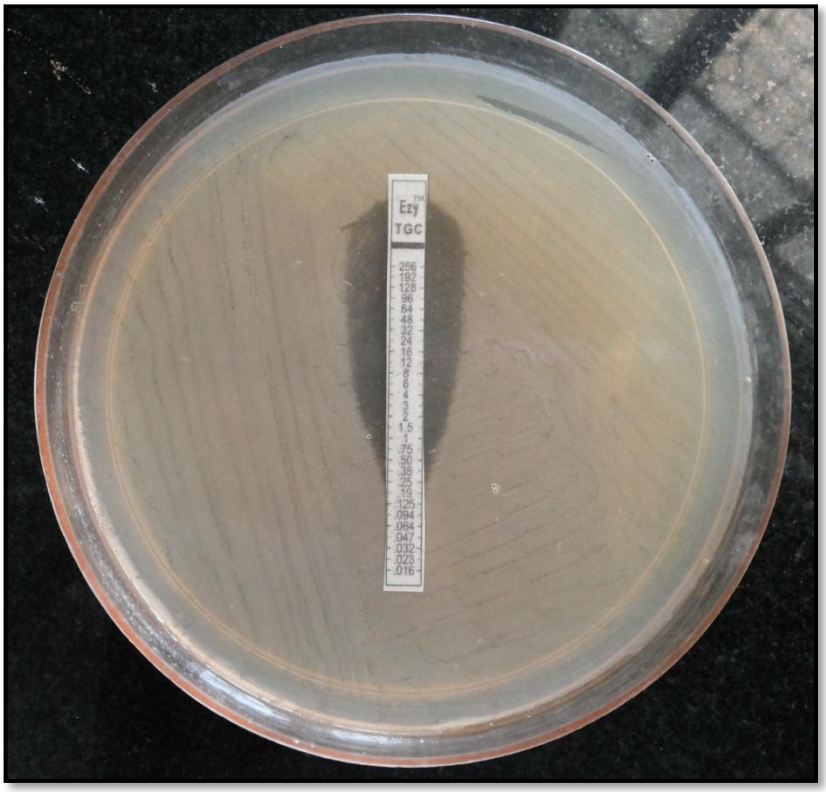

Tigecycline E test showing MIC 0.5 µg/mL