

“We aim to describe our experience with prophylactic ethanol locks in a cohort of patients with IF” Mezzoff et al (2015).

Reference:

Mezzoff, E.A., Fei, L., Troutt, M., Klotz, K., Kocoshis, S.A. and Cole, C.R. (2015) Ethanol Lock Efficacy and Associated Complications in Children With Intestinal Failure. Journal of Parenteral & Enteral Nutrition. February 23rd. .

Ethanol lock to reduce CLABSI in children [@ivteam #ivteam](http://ctt.ec/o1Vdy+)

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Abstract:

Background: Prophylactic ethanol lock therapy (ELT) reduces central line-associated bloodstream infections (CLA-BSIs) in children with intestinal failure (IF). However, the risk of associated complications is unclear. We aim to describe our experience with prophylactic ethanol locks in a cohort of patients with IF.

Materials and Methods: Thirty patients on ELT from 2010-2013 were identified by review of our intestinal rehabilitation registry. Patient demographics, CLA-BSI events, and line complications were extracted. Comparisons in infection and complication rates when on and off ELT were made using a Poisson mixed-effect regression model.

Results: CLA-BSIs when on and off ELT were 3.1 and 5.5 per 1000 catheter days, respectively ($P < .015$). Overall complication rates were similar in both groups. In those patients who experienced a complication, the complication rates on ELT compared with time off ELT were significantly lower ($P < .003$). Line perforation or breakage rates declined significantly when on ELT, from 1.8 to 1.53 per 1000 catheter days ($P < .006$). Line occlusion rates also decreased on ELT, from 0.6 to 0.3 per 1000 catheter days ($P = .056$). Infecting organisms were not different on and off ELT, and patients experienced a similar number of polymicrobial infections on or off therapy. *Klebsiella pneumoniae* was the most common infecting organism in both groups.

Conclusions: Ethanol lock therapy use reduces both CLA-BSI and central line complication rates in children with IF. These results underscore the safety and efficacy of ELT use in this population.



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