

In this case series, we identified 15 patients receiving ceftriaxone for treatment of MSSA BSI, either following standard of care therapy or as initial therapy” Lowe et al (2017).

Abstract:

Methicillin-susceptible *Staphylococcus aureus* (MSSA) causes 45% of *S. aureus* bloodstream infections (BSI) and is the most important cause of BSI-associated death. The standard of care therapy is an anti-staphylococcal penicillin or cefazolin, but dosing frequencies for these agents are often infeasible; multiple daily doses tie up infusion lines and are impractical for outpatient antibiotic infusion. Ceftriaxone represents a promising alternative, with once daily dosing and a short infusion time. Currently, treatment with ceftriaxone for invasive MSSA infections is infrequent, with minimal data supporting the clinical utility of ceftriaxone for MSSA BSI. In this case series, we identified 15 patients receiving ceftriaxone for treatment of MSSA BSI, either following standard of care therapy or as initial therapy. Patients were evaluated for clinical cure (CC)(clearance of BSI and normalization of white blood cell count) and microbiological cure (MC)(clearance of blood cultures and no recurrence of organism within 60 days). CC was observed in seven patients, with MC observed in all patients. Only one patient was readmitted to the hospital. This case series provides vital data to support ceftriaxone for treatment of MSSA BSI. With few readmissions and recurrences of infection, ceftriaxone was an effective option for maintenance therapy after resolution of the BSI. Ceftriaxone appears to be a viable alternative for the treatment of MSSA BSI.

Full Text

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Reference:

Lowe, R.A., Barber, K.E., Wagner, J.L., Bell-Harlan, A.M. and Stover, K.R. (2017)

Ceftriaxone for the Treatment of Methicillin-susceptible *Staphylococcus aureus* Bacteremia: A Case Series. *Journal of Pharmacology & Pharmacotherapeutics*. 8(3), p.140-144.

doi: 10.4103/jpp.JPP_5_17.

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