
Reference:

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Abstract:

WHAT IS KNOWN AND OBJECTIVE: Treatment of bacteremia due to Staphylococcus aureus often requires prolonged therapy leading to increased hospital lengths of stay and associated costs. For certain patients, referral to an outpatient parenteral antimicrobial therapy (OPAT) programme serves as an alternative to increased inpatient length of stay. We report an alternative to OPAT using dalbavancin for the treatment of methicillin-sensitive Staphylococcus aureus (MSSA).

CASE SUMMARY: A 54-year-old Caucasian man was brought to the emergency department from a rehabilitation centre with altered mental status and possible seizure. A peripheral
intravenous catheter was placed in the left forearm, and the patient was transferred to the intensive care unit (ICU) for management of his acute psychosis, possible seizure and hyponatremia. Seven days into admission, the patient became febrile thought to be secondary to septic phlebitis of the forearm. Blood cultures were taken and organism identification using Nanosphere Verigene® BC-GP rapid diagnostic testing resulted in MSSA. The patient received treatment with cefazolin with a planned treatment duration of 14 days but because of the patient’s history of alcohol abuse, psychosis requiring hospitalization via the Baker Act, and history of non-compliance to follow-up appointments, the patient was deemed ineligible for OPAT. Due to the limited treatment options, therapy for MSSA bacteremia was changed on day 6 of cefazolin therapy to dalbavancin to complete the 14-day treatment duration. Blood cultures were negative at the end of treatment and no relapse of infection occurred.

WHAT IS NEW AND CONCLUSION: To our knowledge, this is the first case report using dalbavancin in clinical practice for the treatment of MSSA bacteremia secondary to septic phlebitis. This report highlights the potential role of the newer lipoglycopeptides, such as dalbavancin, in treating patients who require long-term parenteral antimicrobial therapy and are ineligible for treatment via OPAT.

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