Although vancomycin remains the cornerstone of empirical therapy for CRBSIs caused by MRSA, combination of different antimicrobials and new approaches are indispensable to enhance the eradication of S. aureus biofilms and to manage the patient appropriately” Esposito et al (2013).

Abstract:

Central venous catheters are indispensable for the long-term treatment of seriously and chronically ill patients, but their use is often associated with a variety of complications; indeed, 90% of primary bloodstream infections are related to patients having a catheter. In studies performed in France, Germany and Italy, meticillin-resistant Staphylococcus aureus (MRSA) accounted for >50% of all S. aureus isolates obtained in catheter-related bloodstream infections (CRBSIs).

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These infections have a serious impact on long-term disability of the patient, a substantial additional financial burden for health systems, and high costs for patients. Decreasing the rate of CRBSIs requires a multidisciplinary approach, including behavioural and educational
interventions and the insertion of the correct type of catheter. Although vancomycin remains the cornerstone of empirical therapy for CRBSIs caused by MRSA, combination of different antimicrobials and new approaches are indispensable to enhance the eradication of S. aureus biofilms and to manage the patient appropriately.

Reference:

Thank you to our partners for supporting IVTEAM