Central venous catheter lock solution consisting of Minocycline, EDTA and 25% Ethanol

M-EDTA/ETOH lock was associated with a significantly decreased rate of mechanical and infectious complications compared to CVC removal/reinsertion group who received longer duration of systemic antimicrobial therapy" Raad et al (2016).

Abstract:
In cancer patients with long-term central venous catheters (CVC), removal and reinsertion of a new CVC at a different site might be difficult because of the unavailability of accessible vascular sites. In vitro and animal studies showed that M-EDTA-ETOH lock may eradicate microbial organisms in biofilm and, hence, enabling the treatment of central line associated bloodstream infections (CLABSI) while retaining the catheter in situ.

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Between April 2013 and July 2014, we enrolled 30 patients with CLABSI in a prospective study and compared them to a historical group of 60 patients with CLABSI who had their CVC removed and a new CVC inserted. Each catheter lumen was locked with M-EDTA/ETOH solution for 2 hours administered once daily for a total of 7 doses. Patients who received locks had comparable clinical characteristics to the control group. Time to fever resolution and microbiological eradication was similar in both groups. Patients with the lock intervention received a shorter duration of systemic antibiotic therapy compared to control patients (median 11 days vs 16 days; P<0.0001). They were able to retain their CVC for a median of 74 days after the onset of bacteremia. M-EDTA/ETOH lock was associated with a significantly decreased rate of mechanical and infectious complications compared to CVC removal/reinsertion group who received longer duration of systemic antimicrobial therapy.

Reference:

Thank you to our partners for supporting IVTEAM

- Case of living donor liver transplantation complicated by central catheter thrombosis
- Catheter removal and outcomes of multidrug-resistant central-line-associated bloodstream infection
- Malposition of central venous catheter induced mediastinum hematoma