Dalbavancin may be an alternative option for DSWI caused by gram-positive bacteria when first line treatments are contraindicated or as a salvage treatment” Bartoletti et al (2019).

Abstract:

INTRODUCTION: Deep sternal wound infection (DSWI) is a complication of major heart surgery with high morbidity and prolonged antimicrobial treatment and length of hospital stay. Dalbavancin is a new lipoglycopeptide active on Gram-positive microorganisms, including methicillin-susceptible Staphylococcus aureus (MRSA), with a long half-life. In this small case series, we assessed the feasibility of dalbavancin for the treatment of DSWI.

METHODS: This was retrospective cohort study of patients treated with dalbavancin for DSWI in a three years period (2016-2018). The study was conducted in two cardiac surgery departments in Italy. All patients with DSWI underwent surgical accurate debridement. Dalbavancin was administered during the hospital stay or in outpatient facility.

RESULTS: Fifteen patients were enrolled in the study. MRSA was isolated in 7 (47%) cases, methicillin-resistant Staphylococcus epidermidis (MRSE) in 6 (40%) and other coagulase-negative staphylococci (CoNS) in 2 (13%). Dalbavancin was administered by 2 infusion in 9 (60%) patients whereas 5 (40%) patients received a median of 4 doses. For all patients, the first dose was 1000 mg and the following 500 mg. Only one patient received 2 doses of 1500 mg each. All patients were defined clinical cured and the median length of in-hospital stay was 13 (8-18) days. After 6 months from discharge 14 patients (93%) showed no relapse of DSWI, only 1 patient recurred with diagnosis of DSWI caused by another pathogen (Candida spp).

CONCLUSION: Dalbavancin may be an alternative option for DSWI caused by gram-positive bacteria when first line treatments are contraindicated or as a salvage treatment.

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