The objective of this study was to evaluate the effectiveness and safety of teicoplanin for treating enterococcal infective endocarditis (EIE). Escolà-Vergé et al (2018).

Abstract

BACKGROUND: The objective of this study was to evaluate the effectiveness and safety of teicoplanin for treating enterococcal infective endocarditis (EIE).

METHODS: We performed a retrospective analysis of a prospective cohort of definite EIE patients treated with teicoplanin in a referral center (January 2000-September 2017). Primary outcome was mortality during treatment. Secondary outcomes were mortality during a 3-month follow-up, adverse effects, and relapse.

RESULTS: Twenty-two patients received teicoplanin, 9 (40.9%) as first-line (8 Enterococcus faecium and 1 Enterococcus faecalis IE) and 13 (59.1%) as salvage therapy (13 E. faecalis). Median age was 71.5 (IQR 58.3-78) years and Charlson comorbidity index was 4.5 (3-7). Five (22.7%) affected prosthetic valves. Median duration of treatment in survivors was 53 (42.5-61) days for antibiotics and 27 (17-41.5) days for teicoplanin (median dose 10 [10-10.8] mg/kg/day). Reasons for teicoplanin use were antimicrobial resistance to beta-lactams (40.9%), adverse events with previous regimens (31.8%), and outpatient parenteral antimicrobial therapy (OPAT) (27.3%). Teicoplanin was withdrawn due to adverse events in 2 (9.1%) patients. Five patients (22.7%) died during treatment: 4 in the first-line (3 with...
surgery indicated, but not performed), and 1 in the salvage therapy group (surgery indicated, but not performed). Two (11.8%) deaths occurred over the 3-month follow-up. There were no relapses during a median of 43.2 (22.1-69.1) months.

CONCLUSIONS: Teicoplanin can be used as an alternative treatment for susceptible E. faecium IE, and as a salvage therapy in selected patients with E. faecalis IE when adverse events develop with standard regimens, or to allow OPAT.

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