



Our study suggests that M-EDTA-EtOH lock therapy may be an effective intervention to salvage long-term CVCs in the setting of CLABSI/CRBSI and hemodialysis cancer patients with limited vascular access” Hachem et al (2018).

Abstract:

BACKGROUND: The use of long-term central venous catheters (CVCs) could lead to serious bloodstream infections. Removal of the infected CVC and reinsertion of a new CVC are not always feasible and alternative lock therapy may be considered. We conducted a multicenter trial to assess the efficacy and safety of the lock therapy.

METHODS: Between October 2013 and August 2014, we prospectively enrolled 20 patients with catheter-related bloodstream infections (CRBSIs) or central line-associated bloodstream infections (CLABSIs) in our sister institutions in three countries including Brazil, Lebanon, and Japan. The 20 patients who received M-EDTA-EtOH lock therapy were compared to 24 control patients who had their CVCs removed and a new CVC inserted.

RESULTS: Both groups had comparable clinical characteristics. In the lock therapy group, 95% of the patients had microbiological eradication within 96 h after starting lock therapy versus 83% of the patients in the control group ($p = .36$). In the lock group, the CVC was salvaged and retained for a median of 21 days (range 7-51) from the onset of bacteremia.

CONCLUSION: Our study suggests that M-EDTA-EtOH lock therapy may be an effective intervention to salvage long-term CVCs in the setting of CLABSI/CRBSI and hemodialysis cancer patients with limited vascular access.

Reference:

Hachem, R., Kanj, S., Hamerschlak, N., Saad, H., Assir, F.F., Mori, N., Jiang, Y., Ghaly, F., Chaftari, A.M. and Raad, I.I. (2018) International experience with minocycline, EDTA and ethanol lock for salvaging of central line associated bloodstream infections. *Expert Review of Medical Devices*. 15(6), p.461-466.

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