

PREDICTIVE VALUE OF RECTAL AND THROAT-NOSE SCREENING FOR THE PRESENCE OF MULTIDRUG-RESISTANT ORGANISMS IN DUODENAL FLUID AS A RISK OF DUODENOSCOPE CONTAMINATION: A MULTICENTER STUDY

Juliëtte A. Severin

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Poster

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Rectal screening is unreliable for detecting strain-specific duodenal multidrug-resistant organisms but effective at identifying non-carriers, with greatest utility in low-prevalence regions for guiding duodenoscope infection prevention.

KEY POINTS

- In 512 ERCP patients from India and the Netherlands, rectal MDRO carriage was 33.8%, duodenal carriage 22.9%, and throat-nose carriage only 0.2%.
- Rectal screening showed sensitivity of only 38.5% for detecting genetically related strains in duodenal fluid but 90.6% sensitivity for detecting any duodenal MDRO.
- Rectal screening demonstrated high negative predictive value of 96.7% but positive predictive value of only 61.3%, indicating it overestimates true duodenal MDRO carriage.
- The study concludes rectal screening utility for guiding duodenoscope contamination prevention strategies is greater in regions with low MDRO prevalence.
- This multicenter study used whole-genome sequencing to compare MDROs from rectal swabs, throat-nose swabs, and duodenal aspirates in patients undergoing ERCP.

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