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Summary

SECONDARY BACTEREMIA IN PATIENTS WITH ACUTE ASCENDING CHOLANGITIS: OUR EXPERIENCE IN A THIRD LEVEL HOSPITAL. IS THE INITIAL EMPIRICAL ANTIBIOTIC THERAPY ADEQUATE?

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Hepatobiliary

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A retrospective study of 331 acute cholangitis patients found 12% prevalence of multidrug-resistant pathogens, with prior colonization the only independent predictor, while standard empirical regimens achieved over 94% therapeutic adequacy.

KEY POINTS

- Among 331 acute cholangitis patients at Hospital del Mar (2018-2021), 49% had positive blood cultures and 12% of positive cultures grew multidrug-resistant organisms (17 of 19 were ESBL-producing).
- Amoxicillin-clavulanic acid and cephalosporins with metronidazole achieved 94.8% and 96.1% therapeutic adequacy respectively as empirical regimens.
- Previous colonization by multidrug-resistant germs was the only independent predictor of multidrug-resistant cholangitis in multivariate analysis (OR 6.69, CI 1.16-38.35).
- Bacteremia due to multidrug-resistant germs did not correlate with higher mortality.
- The authors suggest considering broad-spectrum empirical coverage in patients with prior infection or colonization by resistant organisms.

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