

PROTON-PUMP INHIBITOR USE AND RISK OF BLOODSTREAM INFECTION SECONDARY TO BACTERIAL TRANSLOCATION

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A hospital-based case-control study found that proton-pump inhibitor use was associated with a 2.4-fold increased risk of bloodstream infections without an identifiable infectious focus, suggesting a possible link to bacterial translocation in non-cirrhotic patients.

KEY POINTS

- Among 309 hospitalized patients with bloodstream infections, those receiving proton-pump inhibitor therapy at infection onset had an adjusted odds ratio of 2.41 (95% CI: 1.29–4.51) for developing bloodstream infections without an identifiable focus compared to non-users.
- The study enrolled 66 cases with bacterial translocation-type bloodstream infections and 243 controls from a single hospital in 2019, with 49% of all patients receiving continuous proton-pump inhibitor therapy.
- The association remained statistically significant ($p=0.006$) after controlling for age, sex, Charlson Comorbidity Index, liver cirrhosis, active gut disease, and infection onset location, and sensitivity analyses confirmed the findings.
- The authors conclude that proton-pump inhibitor use may increase the risk of septic morbidity secondary to bacterial translocation, extending prior findings in cirrhotic patients to a broader hospitalized population.

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