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Summary

COMPARISON OF SHORT-COURSE VERSUS LONG-COURSE ANTIMICROBIAL TREATMENT FOR ACUTE CHOLANGITIS WITH GRAM-POSITIVE BACTEREMIA AFTER ERCP

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A retrospective study of 45 patients with acute cholangitis and Gram-positive bacteremia suggests that antimicrobial treatment for less than 14 days after biliary drainage may be as effective as longer courses.

KEY POINTS

- In patients treated with ERCP, short-course antimicrobial therapy (median 9 days) and long-course therapy (median 16 days) both resulted in zero 30-day mortality and zero reinfection with the same organism within 3 months.
- Cholangitis recurrence within 3 months was 5% in the short-course group versus 9.5% in the long-course group, with no significant difference between groups.
- Short-course treatment was associated with significantly shorter hospital stay (median 10.5 versus 14.0 days).
- Common bile duct stones accounted for 82.2% of cases, with Enterococcus species the most common pathogen (66.7%) and mixed infections present in 71.1% of patients.
- This single-center retrospective study may inform clinicians managing acute cholangitis with Gram-positive bacteremia after successful biliary drainage.

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