

MINOCYCLINE-BASED THERAPY FOR CARBAPENEM-RESISTANT ACINETOBACTER BAUMANNII PNEUMONIA: A MULTICENTER RETROSPECTIVE STUDY



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BACKGROUND

- Carbapenem-resistant *Acinetobacter baumannii* (CRAB) is a leading cause of hospital-acquired pneumonia.
- Therapeutic options for CRAB infections are extremely limited.



OBJECTIVE

To examine the clinical utility of minocycline by comparing patient outcomes between treatment regimens with and without minocycline in patients with CRAB pneumonia,

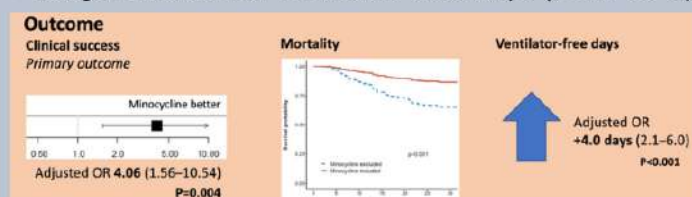
METHODOLOGY

- Multicenter retrospective cohort study in three tertiary care hospitals in the Republic of Korea.
- Minocycline-included vs minocycline-excluded (both received ≥ 1 active antibiotic).



RESULTS

- The minocycline-included group:
 - Higher 14-day clinical success (57.1% vs. 34.3%, aOR: 4.06)
 - Lower 28-day mortality (aOR: 0.27)
 - Longer mechanical ventilator-free days (aOR: 4.0 d)



CONCLUSIONS

- Minocycline-based combination therapy demonstrated better outcomes than regimens without minocycline for CRAB pneumonia.