

# Three Weeks vs. Six Weeks of Antibiotic Therapy for Diabetic Foot Osteomyelitis (DFO): A Prospective, Randomized, Noninferiority Pilot Trial



Long course antibiotic therapy (>6 weeks) is commonly prescribed for DFO. However, such approach increases the risks for side effects, AMR, and costs.

## A STUDY FROM SWISS

**Setting:** A single-center and an open-label pilot (1:1) RCT

**P:** Adults ( $\geq 18$  years old) with DFO who underwent surgical debridement

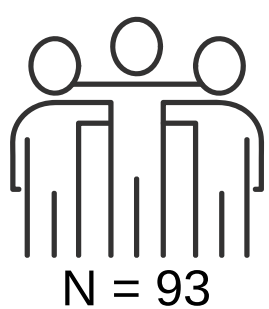
**I:** 3-week antibiotic therapy

**C:** 6-week therapy

**O:** Clinical remission at 2 months after the end of therapy

Of note, these patients were excluded: patients with IE, PJI, implant, or had clinical amputation of all infected tissues.

## Demographics



	<b>3W</b> (44)	<b>6W</b> (49)
Median age	70	65
Female (%)	6 (14)	11 (22)
Median BMI	27	28
PVD (%)	27 (61)	26 (53)
Staph aureus (%)	21 (48)	23 (47)
GNB (%)	11 (25)	17 (35)
Hyperbaric O2 (%)	6 (14)	5 (10)
Duration of IV ABX	1	3

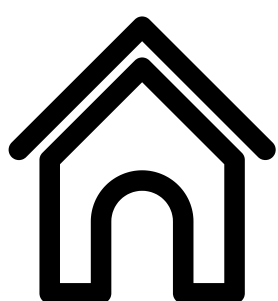
*No significant differences in both groups for the above variables/characteristics*



## OUTCOMES

- Overall, 73(78%) remained in complete remission after a median active follow-up of 11 months.
- Of the 20 clinical failures, 8 were microbiological recurrences: 3 in the short-arm and 5 in the long-arm.
- Clinical remission was similar in both groups: 85% vs 74% P=0.26
- The shorter treatment duration was non-inferior to the longer duration

## TAKE HOME MESSAGE



The results challenge the 4-to-6-week Rx duration approach of antibiotic therapy in those who have undergone adequate debridement.

A few caveats:

- A pilot study - need a larger sample and replication.
- Limited follow-up period (in implant-related infections, the FU is usually 1-2 years).
- In a real-life scenario, the term "adequate" debridement - let's just say - can be a tad subjective.