

# MY TOP 5 TAKES ON

A Paper: Outcomes of OPAT with Ceftriaxone for MSSA Blood Stream Infection (BSI)- A Single Center Observational Study

## CEFTRIAXONE?

Patients with complicated MSSA BSI are usually given prolonged IV antibiotic therapy using either penicillinase-resistant penicillin or cefazolin.

Would ceftriaxone be sufficient for MSSA BSI too when used in OPAT?



## WHO WERE INCLUDED?

Adult patients with MSSA BSI discharged on OPAT from Barnes-Jewish Hospital.

They received one of 2 possible OPAT regimens

**Intervention arm:**

- Ceftriaxone 2-4 gram Q24H

**Control arm:**

- Oxacillin 2 gram Q4H or
- Cefazolin 2 gram Q8H

Doses were modified acc. to CrCL



## BASELINE DEMOGRAPHICS

243 patients were included.

61% received ceftriaxone and the remainder received oxacillin (23%) or cefazolin (16%) during OPAT.

Ceftriaxone arm was generally better as patients had:

- Lower rates of ICU admission, valvular heart disease, IE, and
- Shorter bacteraemia days

Control arm were more likely to receive PO antibiotics post OPAT: Doxycycline 26 (60%), cephalixin 11 (26%), and TMP/ SMX 3 (7%)

## RESULTS

There were **NO significant differences** between the 2 arms of

- Microbiological failure
- 90-day all-cause mortality
- Readmission due to an MSSA infection

However, ceftriaxone arm with IE showed higher rates of 90-day all-cause mortality (non-significant; P 0.11)



## TAKE HOME MESSAGE

Ceftriaxone might be a viable option for OPAT in MSSA BSI provided that physicians select their patients carefully:

- Non-IE
- Relatively well

