

IV antibiotics as palliative option

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Case study

- 66 yo lady
- Admitted 02/16 for elective repair of thoracic aneurysm
- Following repair – unstable → laparotomy/bowel ischemia due to SMA thrombus → 200 cm bowel resection & stoma
- Discharged on TPN

Case study

- Dec'17 – admitted in a different Trust with *Pseudomonas* bacteraemia
- Presumed line infection → line removed
- Treated 7 days with abx (which one?)

Case study

- Febr'18 - readmitted electively for stoma reversal
- Shortly after surgery → haemoptysis and severe back pain
- CT aorta – endo leak with soft tissue collection
- → urgent graft repair
- No tissue samples sent, but presumed *Pseudomonas*
- → iv Ceftazidime

Case study

- Patient very keen in being discharged
- Lives > 1 hour away from hospital
- No options for home abx available in the area

Now what?

Treatment difficulties

- Piperacillin/tazobactam 24 hrs infusion
- Self administration – patient and husband declined
- Oral high dose cipro?
- → 3 g BD Ceftazidime (TPN team) and liquid cipro 750 mg BD

Follow up

- 6/52 later – cipro level = 1.3 mg/L
- → cipro increased to 750 mg TDS
- 4/52 f/u – level = 3.4 mg/L
- → ceftazidime was stopped;
- Clinically improving
- plan to continue oral cipro lifelong.

Case study

- Oct'18 - re-admitted with fevers, rigors
- Line and peripheral BC
 - *Pseudomonas aeruginosa* – R to cipro
 - *Stenotrophomonas* – S to cotrim/moxiflox

Treatment

- Started on iv piperacillin/tazobactam and moxifloxacin
- Refused line removal
- Persistent bacteraemia for 3 weeks, cleared eventually
- d/w cardiac surgeons – not for surgery
- Slowly improving → discharged on pip/taz 24 hrs infusion and oral moxi – to complete 3/12

Long term plan?



Pat No: HLT1378854 Source: HAHO Con/Op: CHANNING, M. 08-OCT-2018

Spm: BP BC peripheral vein (VEIN)

35. Clinical Details

| A/W anaemia (Hb 71), AKI and infection. ? aortic
vgraft infection. On lifelong ciprofloxacin

36. Tests

| Report: ***GROWTH HAS BEEN DETECTED***

| Gram stain Gram negative bacilli seen

| AERO TTD

| ANAE TTD

| PAED TTD

vAEROBIC BC **Positive**

39. Cultures

1) Pseudomonas aeruginosa Growth

42. Sensitivities

Status : R

Meropenem i

Ceftazidime S

Gentamicin S

Pip/Tazobactam S

Ciprofloxacin R

Amikacin s

Tobramycin s

Aztreonam i

Fosfomycin -

Ceftaz/avibact s

Ceftoloz/tazo s

Colistin -

Long term plan

- Gentamicin 5 mg/kg twice weekly
- Levels < 1.5 mg/L
- Well tolerated, no side effects
- Patient happier with this regimen, better quality of life
- Unfortunately, 4 months later she passed away

Discussion

- None of these treatments were intended curative
- Administration/doses – off label
- Possible side effects considered, but more important was offering some quality of life

Any questions?