**Background:** Recurrent urinary tract infections (rUTI) in female patients is a common and a rather challenging clinical condition. Continuous antibiotic prophylaxis with nitrofurantoin cotrimoxazole and fluoroquinolones has been proven most effective to prevent rUTI. The aim of this study is to evaluate the efficacy of chronic therapy with fosfomycin in the treatment and prevention of recurrent UTIs.

**Material/methods:** Female patients suffering from rUTI, defined as ≥3 UTI/year or ≥2 UTI/half year evaluated in the Outpatient ID clinic of a tertiary hospital were included in the present study. Oral fosfomycin was administrated as a single dose (one 3-g sachet) for 5-7 days to be followed by a 3gr dose once or twice a week. The rate of recurrence of UTI was the main outcome.

**Results:** The study comprised 30 women with a median age of 66 years (range: 22-89 years). Diabetes mellitus or nephrolithiasis were present in 10% and 16.7% of patients, respectively. The most common pathogen was *E. coli* (60.71%), with a resistance rate of 70.6%, 41.2%, 14.3%, 64.7% and 53% to ampicillin, cefuroxime, nitrofurantoin, fluoroquinolones and cotrimoxazole, respectively, whereas there was no resistance to fosfomycin. The remaining isolated bacteria were *Klebsiella pneumoniae* (17.86%) and *Proteus mirabilis* (14.29%). Three out of four pts (75%) receiving fosfomycin for prophylaxis once a week and 8 out 25 pts (32%) receiving fosfomycin twice a week demonstrated a relapse. *Klebsiella pneumoniae* was the most common pathogen. Diabetes mellitus seems to be a risk factor (66.7% of pts demonstrated a relapse). Two patients discontinued therapy due to adverse effect. The most common adverse event was diarrhea.

**Conclusions:** These preliminary data, suggest that chronic oral fosfomycin prophylaxis appears as an effective regimen, particularly in the era of MDR prevalence, for the prevention of rUTI. However the appropriate dosing interval for prophylaxis needs further evaluation.