ESGAP ESCMID STUDY GROUP FOR ANTIBIOTIC POLICIES
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Meet-the-expert session
Strategies for deescalation and optimized antibiotic therapy

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Deescalation

- Deescalation therapy is not properly defined, and its modalities are different according to specialty, country…
- Deescalation could be defined as targeted therapy, but the target could be ecological, convenience, toxicity, safety…

The rules of engagement

- We'll present clinical scenarios.
- There is no *right* or *wrong* , just a different point a view to discuss!
- Please discuss!!!!!!!!

Pros and cons of deescalation

Case 1

- A 67 year old woman is hospitalized through ER with 40°C fever, blood pressure is 150/80
- No specific past medical history.
- She’s complaining with urge to urinate small amounts of urine, burning sensation when urinating, strong-smelling and cloudy urine, upper back right pain and shivers. No other foci of infection.

Case 1

- Pelvic ultrasonography is normal (no obstacle).
- Gram negative bacilli in urine sample and in blood culture.
- Ceftriaxone 1g/d IV is started as a probabilistic treatment.

Case 1

- Would you consider it as an uncomplicated or complicated pyelonephritis?
- Would you use another antibiotic, rather than ceftriaxone
- Would you add an aminoside?
- Would you start with a fluoroquinolone rather than with ceftriaxone? (and which one Ofloxacine or Ciprofloxacine?)

Case 1

- 2 days later, the patient is apyretic, with very mild symptoms
- Urine sample:
  - E. coli fully sensitive: 10^6 CFU/ml
  - E. faecalis sensitive to amoxicillin:10^6 CFU/ml
- Blood sample: Same E. coli.

Case 1

- Would you « deescalate »?
- How?

Case 2

- A 67 year old woman is hospitalized with 40°C fever, blood pressure is 150/80, with a systolic murmur (4/6).
- She is just recovering from cholecystectomy 7 days before, for which she had a urinary catheter for 3 days.
- She’s complaining with urge to urinate small amounts of urine, burning sensation when urinating, strong-smelling and cloudy urine, upper back right pain and shivers. No other foci of infection.

Case 2

- Pelvic ultrasonography is normal (no obstacle).
- Gram negative bacilli in urine sample and in blood culture.
- Ceftriaxone 1g/d IV is started as a probabilistic treatment.

Case 2

- Would you consider it as an uncomplicated or complicated pyelonephritis? Or something else?
- Would you use another antibiotic, rather than ceftriaxone
- Would you add an aminoside?
- Would you start with a fluoroquinolone rather than with ceftriaxone? (and which one Ofloxacine or Ciprofloxacine?)

Case 2

- 2 days later, the patient is apyretic, with very mild symptoms
- Urine sample:
  - E. coli fully sensitive: 10^6 CFU/ml
  - E. faecalis sensitive to amoxicillin:10^6 CFU/ml
- Blood sample: Same E. coli.

Case 2

- Would you « deescalate »?
- How?

Case 3

- A 67 year old man is hospitalized with 40°C fever, blood pressure is 150/80.
- He currently has a urinary catheter (acute urinary retention on a voluminous prostatis) for the last 3 weeks, and a surgery for a prostatectomy is programmed by the urologist within a month.
- He’s complaining burning sensation around the urinary catheter, strong-smelling and cloudy urine, upper back right pain and shivers. No other foci of infection.

Case 3

- Pelvic ultrasonography is normal (no obstacle).
- Gram negative bacilli in urine sample and in blood culture.
- Ceftriaxone 1g/d IV is started as a probabilistic treatment.

Case 3

- Would you consider it as an uncomplicated or complicated pyelonephritis? Or something else?
- Would you use another antibiotic, rather than ceftriaxone
- Would you add an aminoside?
- Would you start with a fluoroquinolone rather than with ceftriaxone? (and which one Ofloxacine or Ciprofloxacine?)

Case 3

- 2 days later, the patient is apyretic, with very mild symptoms
- Urine sample:
  - E. coli fully sensitive: 10^6 CFU/ml
  - E. faecalis sensitive to amoxicillin:10^6 CFU/ml
- Blood sample: Same E. coli.

Case 3

- Would you « deescalate »?
- How?