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Paper Poster Session

Lessons from surveillance of resistance in Gram-negatives

Stenotrophomonas maltophilia infection in patients after Haematopoietic Stem Cell Transplant (HSCT) at HC-FMUSP from 2001 to 2014

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Background: Introduction: *Stenotrophomonas maltophilia* is a gram-negative bacillus ubiquitous in the environmental, with low virulence and intrinsically resistant to broad-spectrum antibiotics. In patients undergoing hematopoietic stem cell transplant (HSCT) *S. maltophilia* is an important cause of infection mainly blood stream infections (BSI) in HSCT patients. **Objectives:** Describe infection, susceptible profile and mortality due to *S. maltophilia* infection in a HSCT unit at HC-FMUSP from 2001 to 2014.

Methods: Medical records were reviewed of the patients with *S. maltophilia* identified in infection control and outpatients clinic database. Infections were classified as BSI, pneumonia or other sites as CDC criteria. Antibiotic susceptible was performed by Vitek and microdilution according with CLSI. Patients were classified according to severity by Sepsis criteria and MASSC for those who were neutropenic.

Results: Between 2001-2014 were performed 1052 transplants and a total of 40 patients had *S. maltophilia* infections. Eighteen patients were submitted to autologous HSCT, 21 to allogenic HSCT and 1 had acute myeloid leukemia. 23 were male, 17 female with median age of 43.5 years-old. There were 35 (87,5%) BSI, 4 pneumonias and 1 sinusitis. 28 were neutropenic in the last 30 days before infection. At the infection there were 8 patients with graft versus host disease (GVHD), 18 had mucositis. 9 patients presented with sepsis (7 severe sepsis or septic shock or multi-organ failure). Among neutropenic patients, 2 has MASCC higher than 21. 55% (22) patients received carbapenemic in the last 30 days before *S. maltophilia* isolation. There were 3 isolated resistant to SMX-TMP and 6

resistant to Levofloxacin. 16/28 patients were treated with Levofloxacin, 9/28 with TMP-SMX and 2/28 with combination of both one of them was resistant to SMX-TMP. Eleven patients died in the following 30 days none of them had infections due to resistant isolates

Conclusions: BSI was the most frequent site of infection due to *S. maltophilia*, most of patients were neutropenic on onset of infection. There were isolates resistant to TMP-SMX and Levofloxacin what warns for the possibility of dissemination of resistance in this population of patients

Characteristic	Total (n=40)
Median age	43.5(7-65)
Autologous HSCT	18/40
Allogenic HSCT	21/40
Neutrophils in the day of isolation	1900 (0-23100)
Neutropenia < 500 in the last 30 day	25/40 (62.5%)
Neutrophils <100 in the day of isolation	14/37 (37.8%)
Median days of neutropenia before isolation	9 (0-100)
Overall mortality	11/40 (27,5%)