27th ECCMID Vienna, Austria 22 – 25 April 2017
The congress of ESCMID

Session: EP031 Epidemiology and new treatment options for skin and soft-tissue infections

Category: 2e. Skin, soft tissue, bone & joint & central nervous system infections

22 April 2017, 16:06 - 16:11
EP0175

Early clinical experience with dalbavancin in a tertiary hospital of Madrid, Spain

Maricela Valerio Minero[1], Antonio Vena*[1], Patricia Munoz[1], Ana Alvarez-Uria[2], Victor J. González-Ramallo[3], Maria Eugenia Garcia-Leoni[3], Carmen Rodríguez[4], Emilio Bouza Santiago[5]

[1]*Hospital General Universitario Gregorio Marañon; Clinical Microbiology and Infectious Diseases*

[2]*Hospital General Gregorio Marañon*

[3]*Hospital at Home Unit, Department of Internal Medicine, Gregorio Marañón Hospital*

[4]*Hospital General Universitario Gregorio Marañón*

[5]*Hospital General Universitario Gregorio Marañon, Insituto de Investigación Sanitaria Gregorio Marañón; Clinical Microbiology and Infectious Diseases*

Background: Dalbavancin (DAL) is a newly approved antimicrobial agent for the treatment of acute bacterial skin and soft tissue infections (SSTI) caused by Gram-positive microorganisms including methicillin susceptible (MSSA) and resistant (MRSA) *S. aureus, Streptococcus* spp*, Enterococcus spp* and coagulase negative staphylococci. Few studies have reported safety and efficacy of patients treated with DAL in daily clinical practice and, to the best of our knowledge, information regarding non-FDA-labeled indications is even scarcer. The purpose of this study was to report our clinical experience with DAL in our large tertiary care institution mainly in off label indications.

Material/methods: This retrospective study included all adult patients who received at least 1 dose of DAL from January 2016 to November 2016 at our institution. The primary objective was to describe the use of DAL in clinical practice, as well as the outcome and tolerability of the agent. We also tried to evaluate the potential impact on reduction of length of hospital stay after DAL administration.

Results: A total of 8 patients received DAL during the study period (75% male, median age 58 yo). The most common underlying condition was heart disease (62.5%) followed by diabetes (50%) and

chronic liver disease (37.5%). All patients received DAL as targeted therapy. The most common indications were: osteo-articular infection in 3 patients (37.5%), SSTI in 2 (25%) and native valve endocarditis, catheter- related bacteremia and cardiovascular implantable device infection in one patient, respectively. DAL was active against the 11 isolates (3 patients had poly-microbial infection), corresponding to 4 MSSA, 3 CNS, 1 MRSA, 1 *E. faecium*, 1 *S. bovis* and 1 *Corynebacterium* sp. Two (25%) cases presented concomitant bacteremia. Concomitant antimicrobial therapy was prescribed to only 1 case with osteo-articular infection, but all cases had previous antimicrobials. The median DAL administration doses was 4, corresponding to a median of 29 days of DAL exposure. No patient experienced adverse events related to DAL. Clinical cure occurred in all except one case who experienced an osteomyelitis relapse after DAL withdrawal. Overall, DAL allowed us early discharge in 6 out of 8 patients. Considering a hypothetical length of hospital stay with other antimicrobial agents of 71.6 days per patients, DAL reduced the total days of hospitalization of 154 days (26 days per patients), with a total saving of about € 90.000.

Conclusions: Our study suggests that DAL is a well-tolerated and effective drug for treatment of severe Gram-positive infections. DAL can substantially reduce the length of hospital stay. Although additional data are needed, the compassionate use of DAL in our patients found to be satisfactory.