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A.J. Roldán-Reina*, R. Martín-Bermúdez, Y. Corcia-Palomo, L. Martín-Villén

Department of Intensive Care, Hospital Universitario Virgen del Rocío, Sevilla, Spain

* Corresponding author. Álvaro Jesús Roldán Reina, C/San Vicente 22, escalera 1, 1/A. Tel.: +699259124.

E-mail address: roldanyreina@gmail.com

(A.J. Roldán-Reina).

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Reply to ‘‘Antibiotic resistance: Thinking outside the hospital’’



Respuesta a «Resistencia a antibióticos: pensando fuera del hospital»

Dear Editor,

We have read with interest the letter by Roldán-Reina et al.¹ in relationship with our point of view published in this journal² referring to the original article published 20 years ago.³ We fully agree with the authors on their concern for progressive resistance of microorganisms that cause respiratory infection to cefuroxime and amoxicillin-clavulanic and consequently that they have become obsolete, these antibiotics should not be used for the prevention of ventilator-associated pneumonia in intubated coma patients.

The authors described the results of their recent retrospective and observational study⁴ to evaluate the resistance patterns of the common microorganisms isolated from bronchial aspirates in patients admitted to the ICU after resuscitated cardiac arrest. In the study the most frequent were *Staphylococcus aureus* (22.2%), *Escherichia coli* (14.8%), *Enterobacter cloacae* (14.8%), *Klebsiella pneumoniae* (11.1%), *Serratia marcescens* (11.1%) and *Haemophilus influenzae* (7.4%). They observed that 48.1% of the isolated microorganisms were resistant to amoxicillin-clavulanic, 18.5% to piperacillin-tazobactam and 14.8% to third-generation cephalosporin. They described no microorganism was resistant to quinolones or carbapenems.

Thus, the authors give us an approximate idea as to what might be an alternative to cefuroxime for prevention of ventilator-associated pneumonia in coma patients, and we believe is time to develop new RCT to study other antibiotics for prophylaxis with no effect on normal anaerobic microbiota and with a broad-spectrum to Gram-positive and

enteric Gram-negative bacilli. A good alternative to cefuroxime might be levofloxacin, because the pharmacological properties are suitable and it is active against the causative micro-organisms.⁵ However, we should pay special attention to the development of local antibiotic resistance, and maintaining the antibiotic prophylaxis only 24 h (one dose in case of levofloxacin).

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J.-M. Sirvent*, J. González

Department of Intensive Care (ICU), Study Group of Infections in Critically Ill Patients, Institut d’Investigació Biomèdica de Girona (IDIBGI), Hospital Universitari de Girona Doctor Josep Trueta, Girona, Spain

* Corresponding author.

E-mail addresses: jsirvent.girona.ics@gencat.cat,

jmsirvent4@gmail.com (J.-M. Sirvent).

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