





### Errori Comuni nella Terapia Antibiotica Ragionata e Mirata

Genova 10 Giugno 2025

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#### **Disclosures**

#### Consultant/advisory board/speaker fees

- Pfizer, MSD, Angelini, Tillots,
- Menarini, Thermo Fisher, Shionogi

- BioTest, Nordic Pharma, InfectoPharma
- Gilead Sciences, GSK, Hikma, Advanz, Correvio

#### Research grant

• Pfizer, MSD, Shionogi

#### **Sbaglio & Errore**

- Primo Livello
  - Diagnostico
    - Clinico
    - Microbiologico

- Secondo Livello
  - Terapeutico
- Terzo Livello
  - Relapse / Recidiva

Strategia clinica

Epidemiologia locale

Microbiologia

Farmacologia

Gestione del territorio

# Antibiotic Failure Cunha BA, Ortega AM, Med Clin North Am 1995;79(3):663-72

- Most common causes of antibiotic drug failure
  - Drug fevers
  - Untreatable infectious diseases
    - Colonization & Infection
  - Noninfectious diseases
  - Incorrect or inadequate spectrum
  - Emergence of resistant organisms
  - Superinfections
  - Drug interactions

**Asymptomatic bacteriuria** 

**Intrabdominal Infections** 

- The most common mistake made with apparent antibiotic failure
  - Change or add additional antibiotics

## Ten Common Mistakes in ICU Use of Antibiotics Adamkova V Roxhl Chir 2024;103(3):79-83

- Over-prescribing
- Under-prescribing
- Overlooking toxicities
- Overlooking interactions
- Fungal Infections Diagnostics & Treatment Strategies

(Not performing on antibiotic-free days)

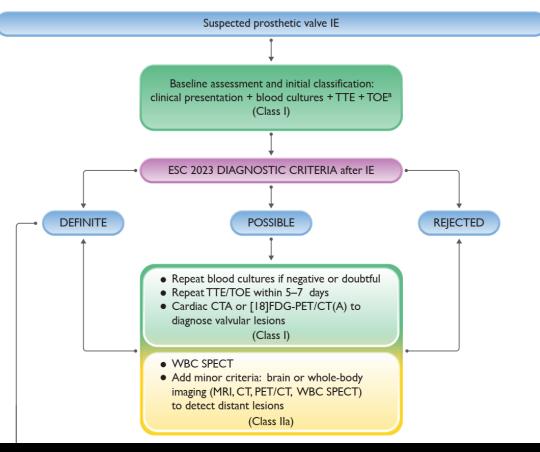
#### The Issue of Empiric Treatment

- Plenty of Expert Opinions
- Different risk factors
- Plenty of treatment algorhytms
- Issue of local epidemiology
  - 20% as threshold
- How much empiric in the era of fast microbiology?
- Timings of treatment

### Microbiologia

- Sensibilità e specificità diagnostica
  - Fast-track microbiology & colturali
- Stewardship delle Emocolture
  - Metrica e appropriatezza
- Diagnostica delle endocarditi infettive
  - Linee Guida 2023
- Infezioni osteoarticolari

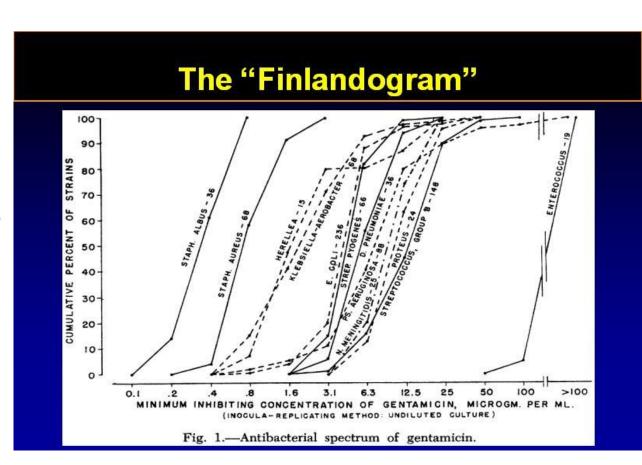
#### 2023 ESC Guidelines for the management of endocarditis



Meta-analysis: 86% sensitivity and 84% specificity for [18F]FDG-PET/CT in PVE

### **Farmacologia**

- Dosaggio
- Infusione
- Interazioni
- Albuminemia & Funzione Renale
- TDM
  - One or Two legs?



#### **Evaluating Antibiotic Prophylaxis Adherence:**

#### Implications For Surgical Site Infections And Wound Care Management

Velozo BC et al. J Tissue Viability 2024;33(3):412-417

• 527 participants recruited, a 30-day follow-up was completed by 78.7 % (n = 415)

• → Pressing global necessity to enhance antibiotic management

Oral Neomycin and Bacitracin are Effective in Preventing Surgical Site Infections in Elective Colorectal Surgery: A Multicentre, Randomized, Parallel, Single-blinded Trial (COLORAL-1)

Arezzo A et al. Updates Surg 2021;73(5):1775-1786

- OIVA Group (N = 100) & IVA (N = 104)
  - Oral Neomycin and Bacitracin 24 h before surgery + IV Amox/Clav
- Mechanical Bowel Preparation
  - According to local habits, not changed for the study
- SSI Significant Reduction:

p = 0.010

3 (3.4%)

- 3 SSIs (3.4%)
  - OIVA
  - IVA 14 (14.4%)
  - No difference was observed in terms of anastomotic leak

### **Real-Life Perspectives**



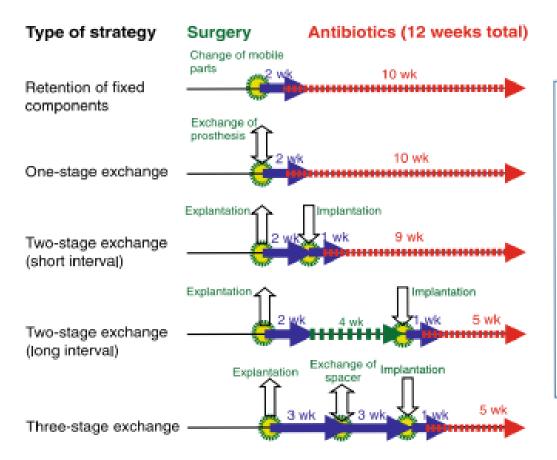
## Common Errors in Treatment of Periprosthetic Joint Infection Li C & Trampuz A Int Orthop 2020;44(1):3-14

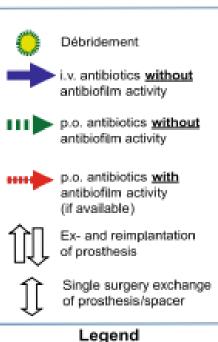
- Conservative treatment with antibiotics in early infections
- Antibiotic treatment prior to microbiological diagnosis
- Errors in selection of antibiotics
- Failure to individualize treatment
- Arthroscopic lavage for PJI treatment
- Insufficient debridement or incomplete exchange of implants

- High-pressure pulse lavage during surgery
- Errors using antibiotic-loaded cement spacers
- Antibiotic «holiday» and joint aspiration before re-implantation in two-stage exchange surgery
- Inadequate management of soft tissues
- Lack of multidisciplinary teamwork

# Common Errors in Treatment of Periprosthetic Joint Infection Li C & Trampuz A Int Orthop2020;44(1):3-14

#### SURGICAL PROCEDURES





#### Low Utilization of Lead Extraction Among Patients With Infective Endocarditis and Implanted Cardiac Electronic Devices

Sciria CT et al. J Am Coll Cardiol 2023;81(17):1714-1725

After adjustment for comorbidities, TLE associated with significantly lower mortality adjusted OR: 0.47; 95% CI: 0.37-0.60 by multivariable logistic regression, and adjusted OR: 0.51; 95% CI: 0.40-0.66 by propensity score matching

- → Utilization of lead extraction among patients with CIEDs and endocarditis is low
- → Lead extraction management is associated with significantly lower mortality

# Staphylococcus aureus Bacteraemia, Cardiac Implantable Electronic Device, Extraction, & Risk of Recurrent Infection Berge A et al. Infect Dis (Lond) 2024;56(7):543-553

→ Low extraction rates & few recurrences

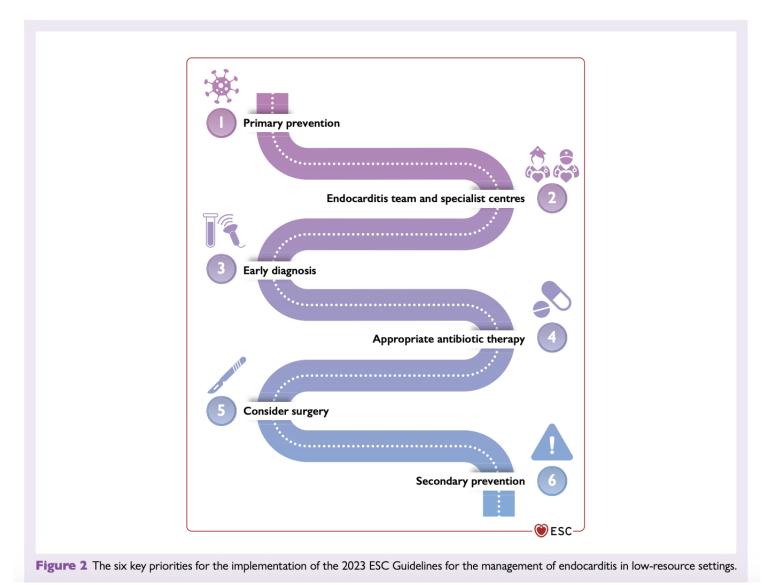
→ Possible caution with extraction

Undetected pocket infection

Undetected changes on the CIED

No definite endocarditis

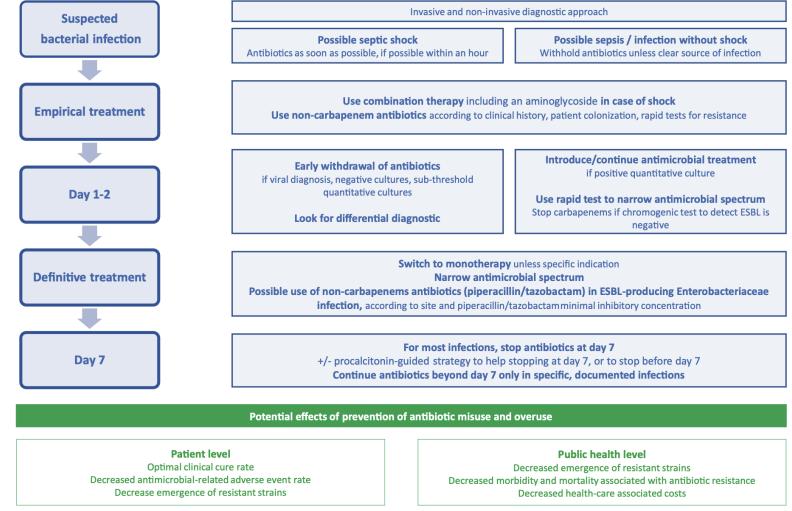
# Key Priorities for Implementation of the 2023 ESC Guidelines for the Management of Endocarditis in Low-Resource Settings Borger MA et al. Eur Heart J Qual Care Clin Outcomes 2025



# Health Economic Evaluation of Antimicrobial Stewardship, Procalcitonin Testing, and Rapid Blood Culture Identification in Sepsis Care: A 90-Day Model-Based, Cost-Utility Analysis Sligl WI et al. Pharmacoecon Open. 2024 Nov 19

- Decision tree model-based cost-effectiveness analysis
  - Two ICUs in Alberta with 727 adult critically ill patients
- Primary outcome: Cost per sepsis case
- Secondary outcomes:
  - Readmission rates, Clostridioides difficile infections, mortality, and lengths of stay
- Lower mean expected cost in the intervention group
- \$110,580 Vs. \$125,745, with a difference of \$15,165
- No statistically significant differences in quality adjusted life years (QALYs)
- The bundled intervention of ASP, PCT, and BCID
  - Potentially cost-effective
  - Substantial decision uncertainty

## Antibiotic Stewardship in the ICU: Time to Shift into Overdrive Mokrani D et al. Ann Intensive Care 2023;13(1):39



**Fig. 2** Proposed algorithm to decrease antimicrobial consumption in the ICU (in blue) and potential beneficial effects of reducing antibiotics consumption (in green). *ESBL* extended-spectrum beta-lactamase

## Stewardship of Pneumonia in ICU: The INSPIRE Randomized Trial

Figure 2. Monthly Empiric Extended- and Standard-Spectrum Antibiotic Days of Therapy in the Computerized Provider Order Entry (CPOE) Bundle vs Routine Stewardship Across the Baseline and Intervention Periods

Extended and standard-spectrum empiric days of therapy in patients with pneumonia CPOE bundle standard-spectrum antibiotics ▲ CPOE bundle extended-spectrum antibiotics O Routine stewardship standard-spectrum antibiotics △ Routine stewardship extended-spectrum antibiotics 1500 Baseline period Phase-in period Intervention period 1250 Days of therapy per patient per 1000 empiric days 1000 750 500 250 IDSA pneumonia COVID-19 guidelines pandemic Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun 2017 2018 2019 2020 Year

#### Personal Opinion: Areas of Improvement

- Appropriate consideration of:
  - Differential diagnosis
  - Individualization of diagnosis and treatment
- Follow guidelines
- Tricks & Timings
  - Local Epidemiology and patomorphosis
- Build a treatment strategy rather than adiminister drugs
  - De-escalation and duration of treatment