



EXTENSIVELY AND PANDRUG RESISTANT PSEUDOMONAS AERUGINOSA INFECTIONS: ANALYSIS AND OUTCOMES

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OBJECTIVES

Identify and describe extensively-drug resistant (XDR) and pandrug resistant (PDR) Pseudomonas aeruginosa (PSA) infections, their management and outcomes.

MATERIALS AND METHODS

Inclusion criteria

- ✓ Positive cultures in <u>diagnostic samples</u> for **XDR and PDR PSA.**
- ✓ Directed antibiotic treatment with:
 - ✓ Systemic OR ✓ Inhaled combination
 - ✓ Intratracheal

Variables

- Charlson comorbidity beginning of index (CCI) the at hospitalization. **Previous antibiotic treatment Previous hospitalization**
- Patients transferred from another hospital/sociosanitary center.
- **PSA strains characterization**
- ✓ Antibiotic treatment

Endpoints

Clinical/microbiological resolution

OR

Death

RESULTS

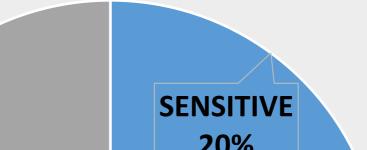
87 different patients **155** infections **Median age = 67 years (IQR 50-75)**



	CCI	3 (IQR: 1-5	5)	SENSITIVE			
Р	revious hospitalization	43.9%		20%			
	Previous antibiotics	42.4%	INTERMEDIAT 33%	E	17.4% colistin resistant strains		
	Patients from another pital/sociosanitary centre	33%			resistant strams		
Time of hospitalization (days)		60 (IQR: 26-1	.29)	RESISTANT 47%			
Clinical resolution		75.5%			Antibiotic	treatment	
Microbiological resolution		54.2%					
	Death	19.4%					
60 50	Infection locations	URO ABD	Genitourinary Intra-abdominal		MEROPENEM 20%	Intratracheal antibio	otics: 4
40		SOFT TISSUE CRI	Skin and Soft Tissue Catheter Related Infections	OTHERS 40%		Inhaled antibioti	
30		RESP	Respiratory		COLISTIN	Combined treatmer	nt: 27. ⁻
20 10		CNS BONE	Central Nervous System Skeletal	CEET	AZIDIME		
					17%		
	■ ABD ■ SOFT TISSUE ■ CRI ■ RESP ■	CINS DUINE					

PSA characterization







CONCLUSIONS

✓ This kind of infections were produced in elder population with moderate CCI.

✓ High percentage of meropenem resistant strains were found.

✓ High rate of clinical resolution was observed.

Conflict of interest: nothing to disclose

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