

EVALUATION OF AUC/MIC AS A PREDICTOR OF MICROBIOLOGICAL AND CLINICAL OUTCOMES IN STAPHYLOCOCCUS GRAM-POSITIVE BACTEREMIA TREATED WITH VANCOMYCIN

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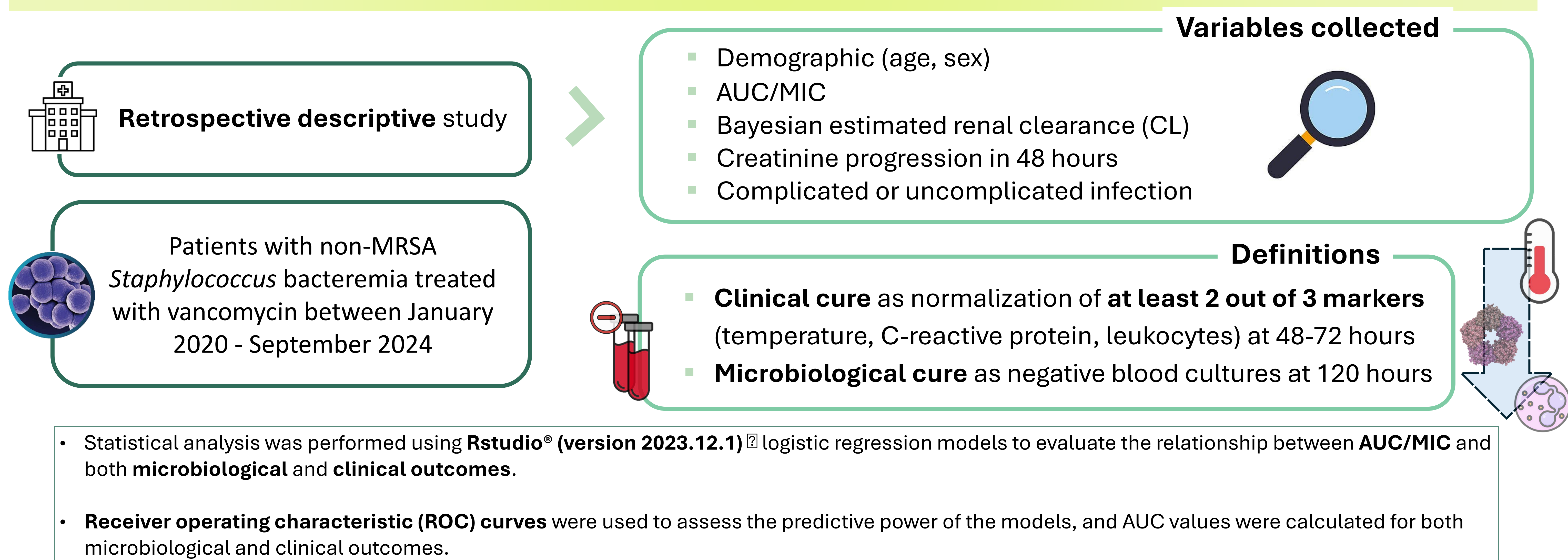
BACKGROUND AND IMPORTANCE

- Vancomycin's role in treating gram-positive infections is well-established, yet the **optimal AUC/MIC ratio for non-Methicillin-Resistant *Staphylococcus aureus* (MRSA) bacteremia** remains undefined. While a **400-600 mg-h/L AUC/MIC target is recommended for MRSA**, this guideline is extrapolated and may not fully apply to other *Staphylococcal* species. This study assesses AUC/MIC's ability to **predict microbiological and clinical outcomes** in non-MRSA *Staphylococcal* bacteremia.

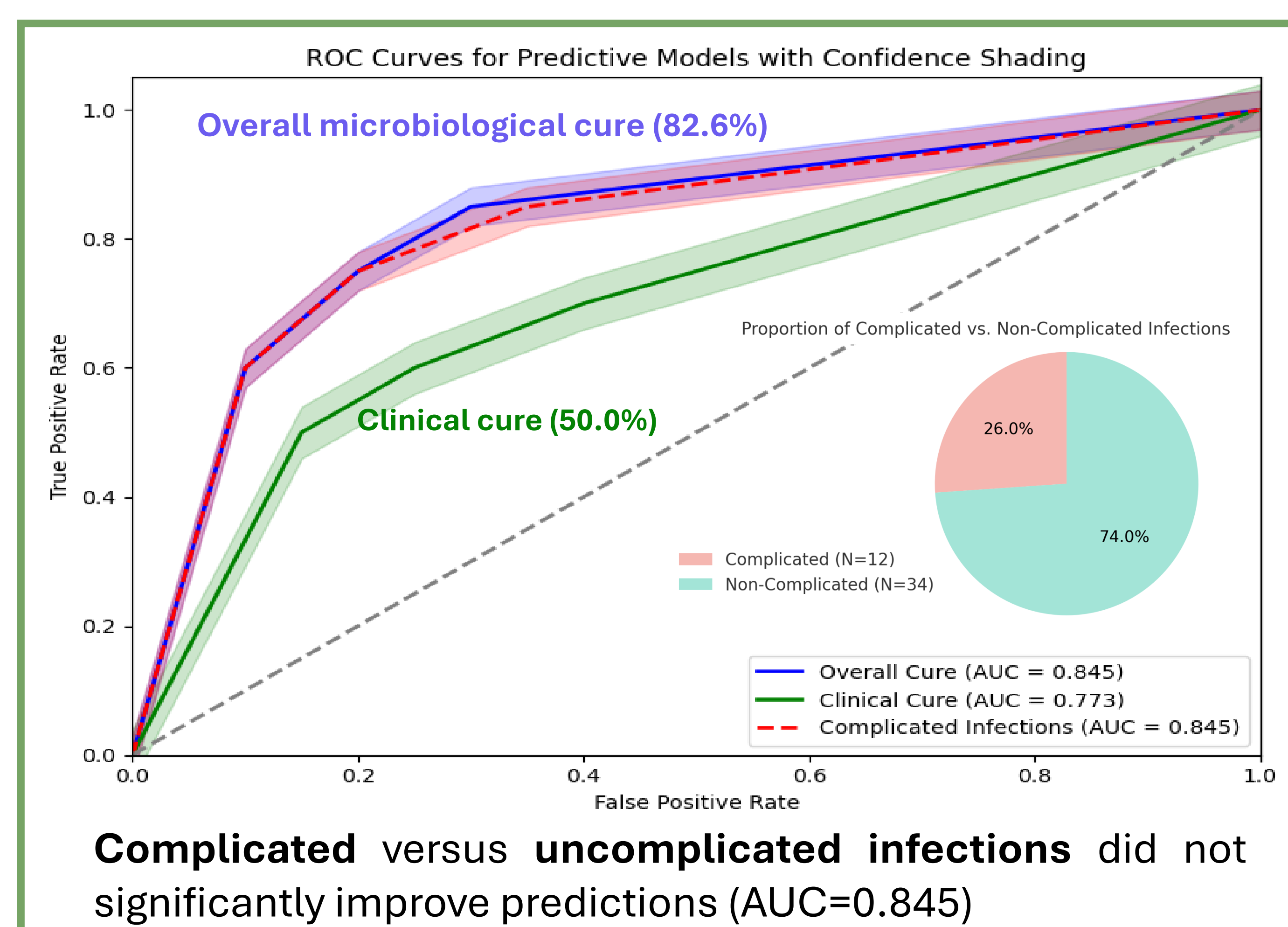
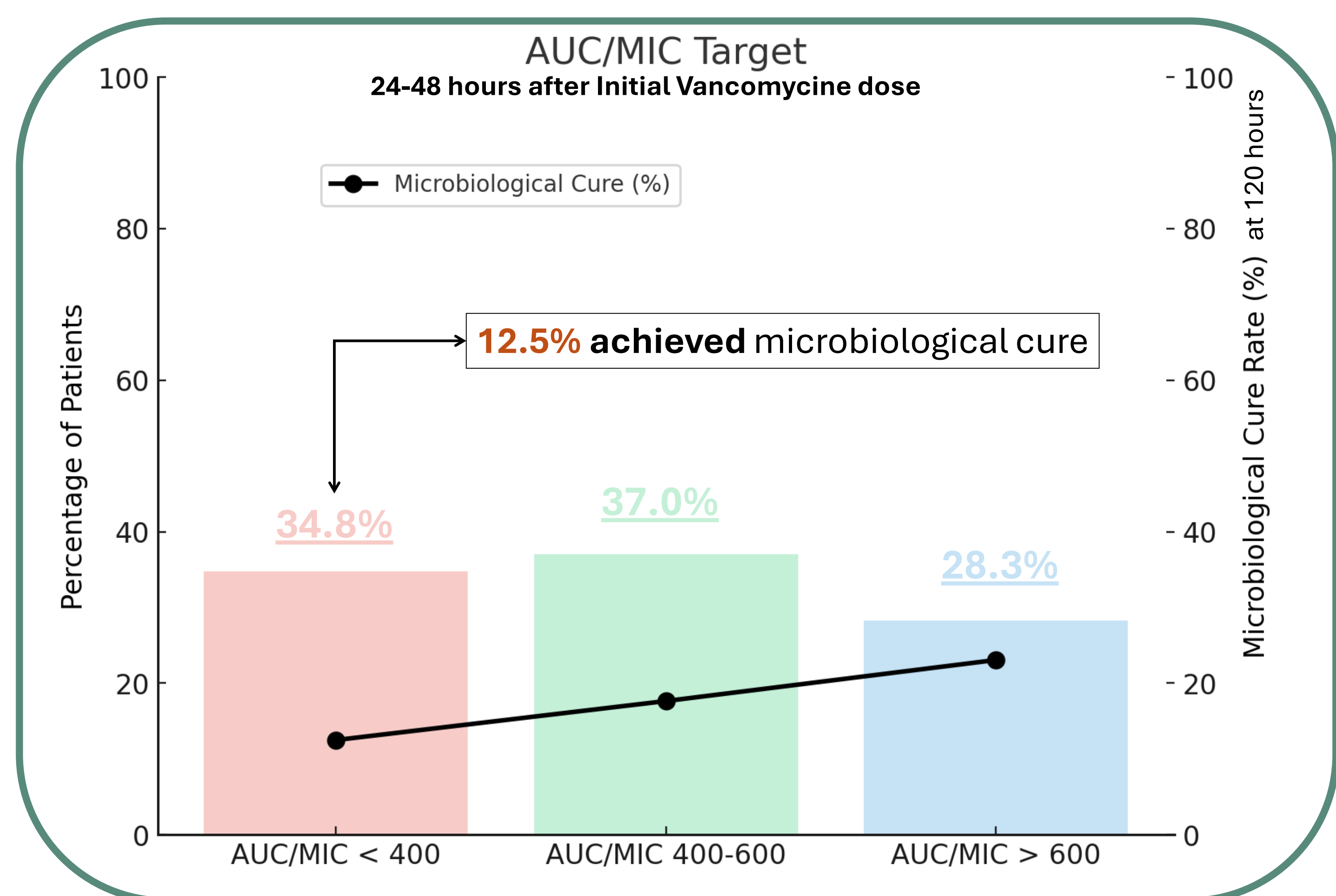
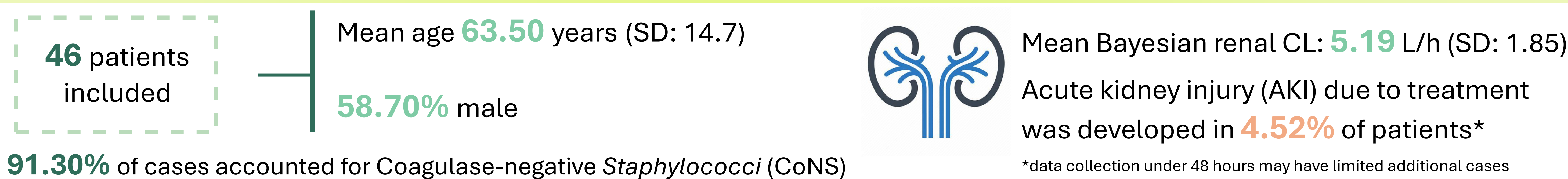
AIM AND OBJECTIVES

- Assess whether an **AUC/MIC ratio of 400-600 is predictive** of clinical and microbiological outcomes in **non-MRSA *Staphylococcal* bacteremia** treated with vancomycin.

MATERIALS AND METHODS



RESULTS



CONCLUSION AND RELEVANCE

- Achieving an **AUC/MIC of 400-600 was predictive of microbiological cure** in non-MRSA bacteremia, but the predictive ability for **clinical cure is lower**, likely due to the sample size and limited treatment failures.
- Further research** with larger cohorts is needed to validate these findings, particularly in **complicated-versus-uncomplicated infections**.

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Authors declare no conflicts of interest