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EXPERIENCE OF USING DALBAVANCIN IN OSTEOARTICULAR PROSTHETIC INFECTION

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Background and Importance

The treatment of prosthetic osteoarticular infection involves an appropriate surgical approach and administration of intravenous (IV) antibiotics for a prolonged period. In different published studies, the use of Dalbavancin has been evaluated as a valid alternative in the treatment of this infections using different dosing regimens.

Aim and Objectives

Asses the use of Dalbavancin at hospital discharge in patients with hip or knee prosthesis infection en a tertiary care hospital.

Material and Methods

Cross-sectional observational study

Patients admitted for **knee or hip prosthesis infection** who subjected to surgical

Discharged between January - June 2024 **with Dalbvancin**

Cleaning and debridement with prosthesis retention (**DAIR**)

first-stage prosthetic replacement surgery.

Variables

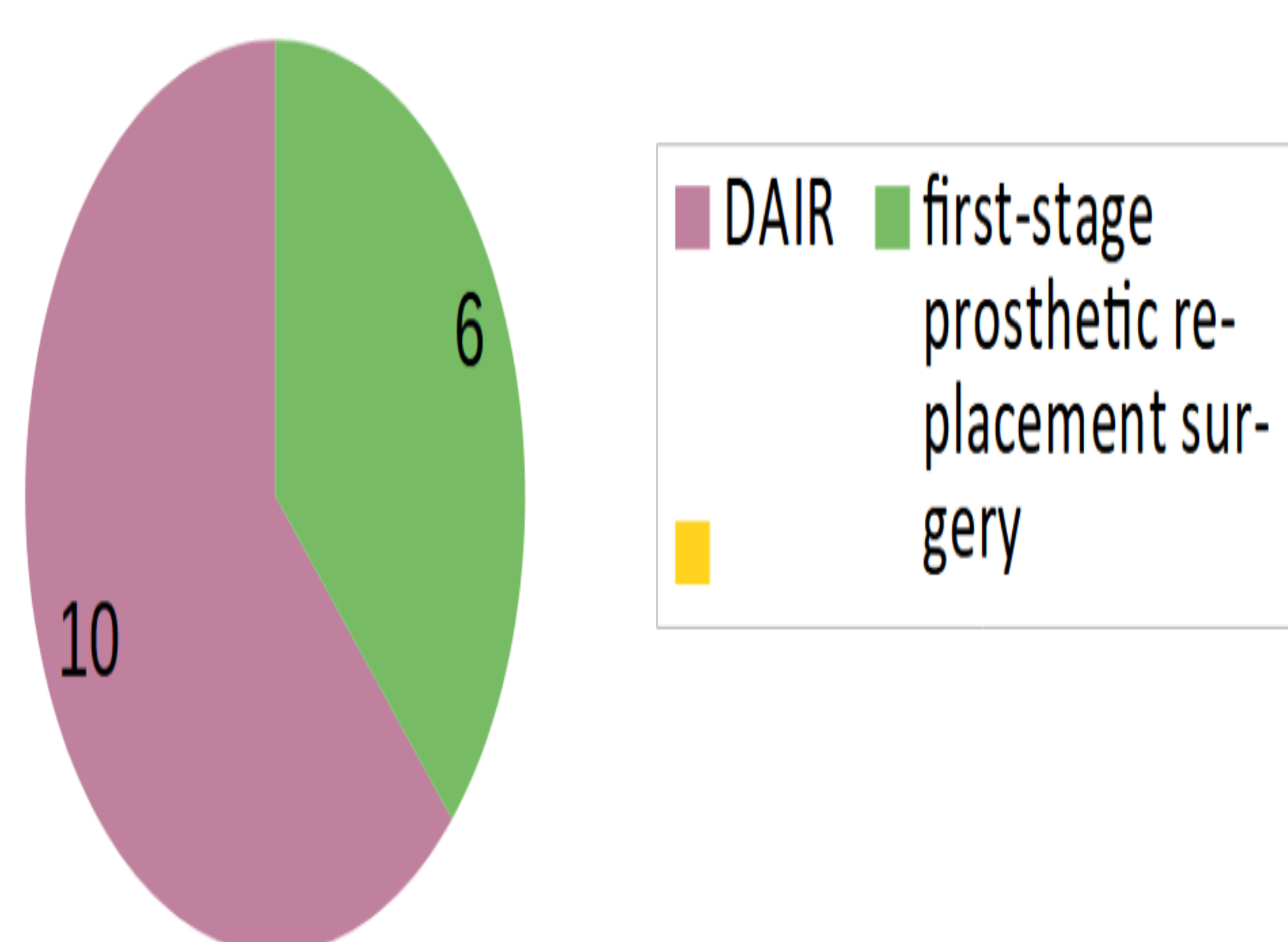
- Age,
- sex,
- type of infection
- hospital stay,

- duration inpatient treatment after surgery,
- microbiological culture results,
- dosage of Dalbavancin used
- economic cost

Results

Dalbavancin was indicated in 16 patients. 68.8% were female. Mean age: 69.8 ± 12.5 ED. Knee prosthesis: 56,3%. Chronic infection: 50,0%. Median duration of inpatient treatment after surgery 14 days (range: 10-22). The median length of hospital stay was 20 range (10-53). Negative cultures were obtained in 25.0%, with *Staphylococcus epidermidis* being the most frequent microorganism (43.75%)

SURGICAL APPROACH



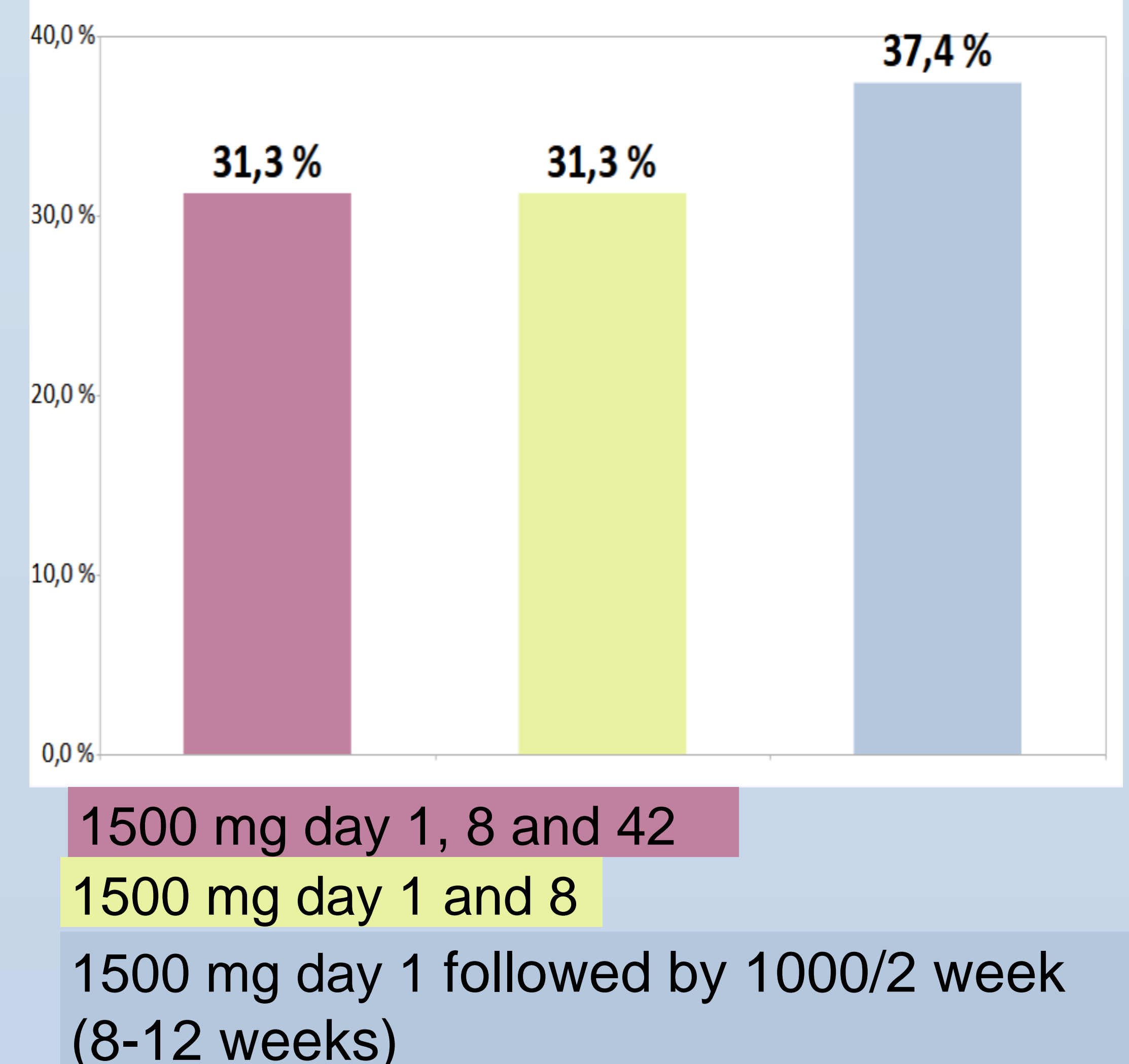
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The economic cost of treatment per patient ranged between €2674.74 and €5349.48.

The economic cost of avoided hospital days per patient is calculated between €12,600 and €16,800 for a minimum of 6 weeks of intravenous treatment.

The calculated savings for the total number of patients based on the duration of inpatient treatment ranged from €210600 to €268800

DALBAVANCIN ADMINISTRATION



Conclusion and Relevance

The use of dalbavancin in these unapproved indications may help reduce days of hospital stay by reducing healthcare costs. Its use should be protocolized and its dosage should be individualized according to the days of IV treatment planned and those received in-hospital after surgery and culture results.



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