Results: A small percentage of patients with serious skin infections later develop life-threatening necrotizing fasciitis (NF), requiring prompt surgical debridement. Adjunctive diagnostic testing is needed to triage patients with skin infections at low risk of NF, who could be safely discharged from the emergency department (ED) after antibiotic initiation. Baseline lactate has been associated with NF mortality (lactate level >2 or ≥6 mmol/L). Lactate levels ≤4 mmol/L can be potentially be safely discharged from the ED after antibiotic initiation. In this analysis, we present the incidence of patients who later developed NF and their associated baseline lactate levels from 4 global phase 3 clinical trials of dalbavancin in SSSI, including 386 patients treated over 30 minutes.

In the DUR001-303 study, 622 patients had available baseline lactate levels (normal range 0.5–2.2 mmol/L). In the DUR001-303 study, 622 patients had available baseline lactate levels (normal range 0.5–2.2 mmol/L). In the DUR001-303 study, 622 patients had available baseline lactate levels (normal range 0.5–2.2 mmol/L). In the DUR001-303 study, 622 patients had available baseline lactate levels (normal range 0.5–2.2 mmol/L). In the DUR001-303 study, 622 patients had available baseline lactate levels (normal range 0.5–2.2 mmol/L).

Existing estimates of the frequency of NF are based on retrospective reviews, and cases often lack testing for lactate.

Elevated lactate has been associated with NF and mortality (lactate level >2 or ≥6 mmol/L). Lactate levels ≤4 mmol/L can be potentially be safely discharged from the ED after antibiotic initiation. In this analysis, we present the incidence of patients who later developed NF and their associated baseline lactate levels from 4 global phase 3 clinical trials of dalbavancin in SSSI, including 386 patients treated over 30 minutes.

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Conclusions: Necrotizing fasciitis (NF) is a rare but lethal complication of serious skin and skin structure infections, with an estimated incidence of 0.1% in adults. NF incidence within 72 h of antibiotic initiation in cSSSI or ABSSSI patients was extremely low (0.1%).

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