Fosfomycin Utilization and Outcomes in a Large VA Medical Center Over a Decade
Natan Kraitman, MD | Jaela Frederich, PharmD, BCPS | Brandon DeLucca, PharmD | John Toney, MD, FACP, FIDSA
James A. Haley Veterans’ Hospital, Tampa, FL

Objects

• Describe current fosfomycin prescribing practices at JAHVH (indication, duration of therapy, organism, and susceptibility pattern)
• Determine rates of clinical cure at 30-days for patients treated with fosfomycin

Methods

• Single center, retrospective chart review
• 1/1/2004 – 12/5/2017
• All fosfomycin prescriptions were reviewed
• Reviewed indication of use, organism(s) isolated, dosage, CKD, and treatment success
• Clinical cure was defined as symptom resolution and no representation with UTI symptoms for 30 days

Discussion/Conclusion

• Fosfomycin is an antibiotic recommended for simple cystitis due to its safety profile, less collateral damage (less gut flora disturbance), and low resistance as currently known
• This study displays the largest ESBL cohort treated with Fosfomycin identified in the literature and uniquely used in a predominant male population
• Our data suggests that ESBL producing bacteria can be treated successfully with fosfomycin in a male population (79% cases successfully treated) including those with uncomplicated cystitis
• Caution should be used with catheterized patients as treatment was less effective (failure rate 32%), regardless of isolated bacteria
• This data suggests fosfomycin may be an option for males with cystitis and in select patients with complicated UTI

References


**Note:** To see the full references, please refer to the original document or the cited sources.