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Short-Course Versus Prolonged-Course Antimicrobial Therapy in Adults With Catheter-Related Septic Thrombosis: a Propensity-Weighted Retrospective Study

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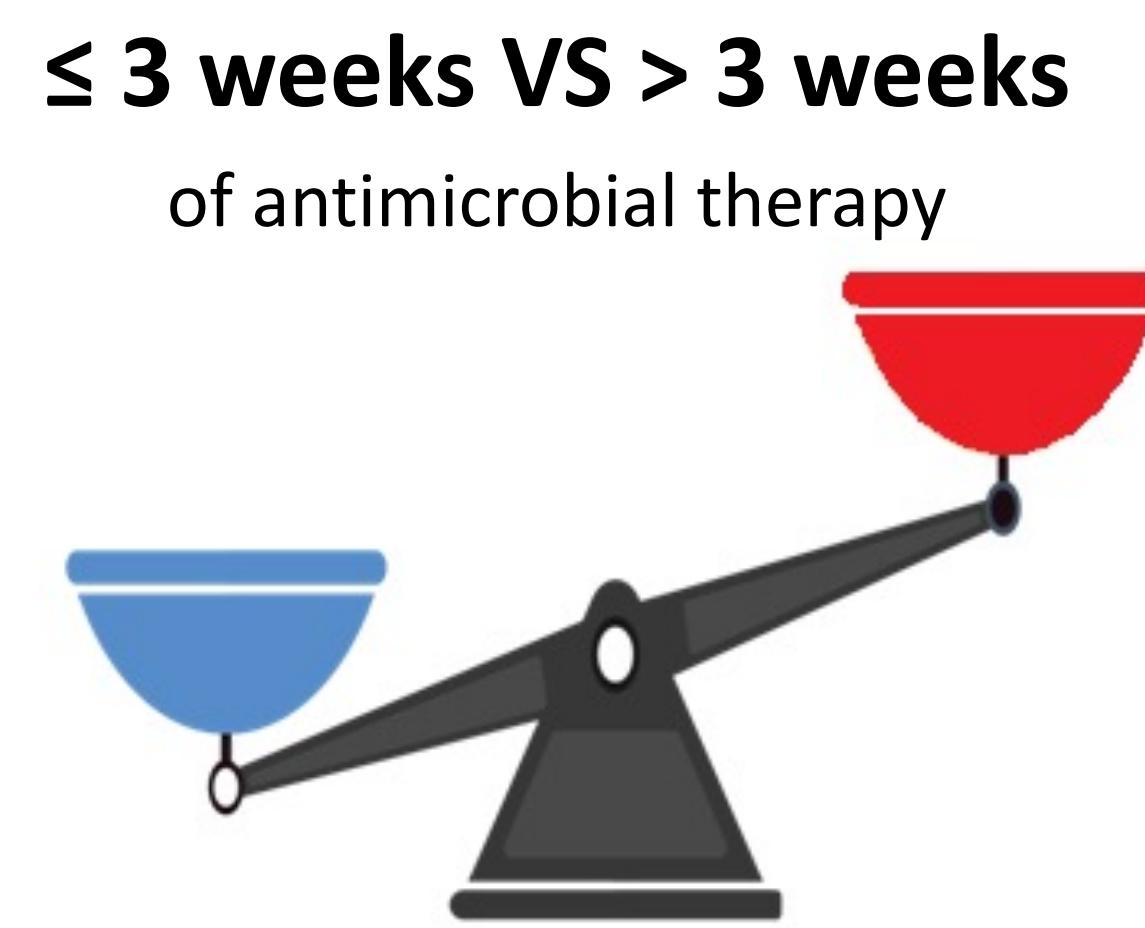
About septic thrombosis ...

- 30% of hospitalized patients are catheterized
- 20% mortality
- 17 000 € per catheter-related bacteremia

Why reduce antimicrobial therapy duration for catheter-related septic thrombosis?

LESS

- Adverse events
- *Clostridium difficile*
- Antimicrobial resistance
- Hospitalization duration



≤ 3 weeks VS > 3 weeks of antimicrobial therapy

MORE

- Relapse ?
- Mortality ?

Methods

DESIGN

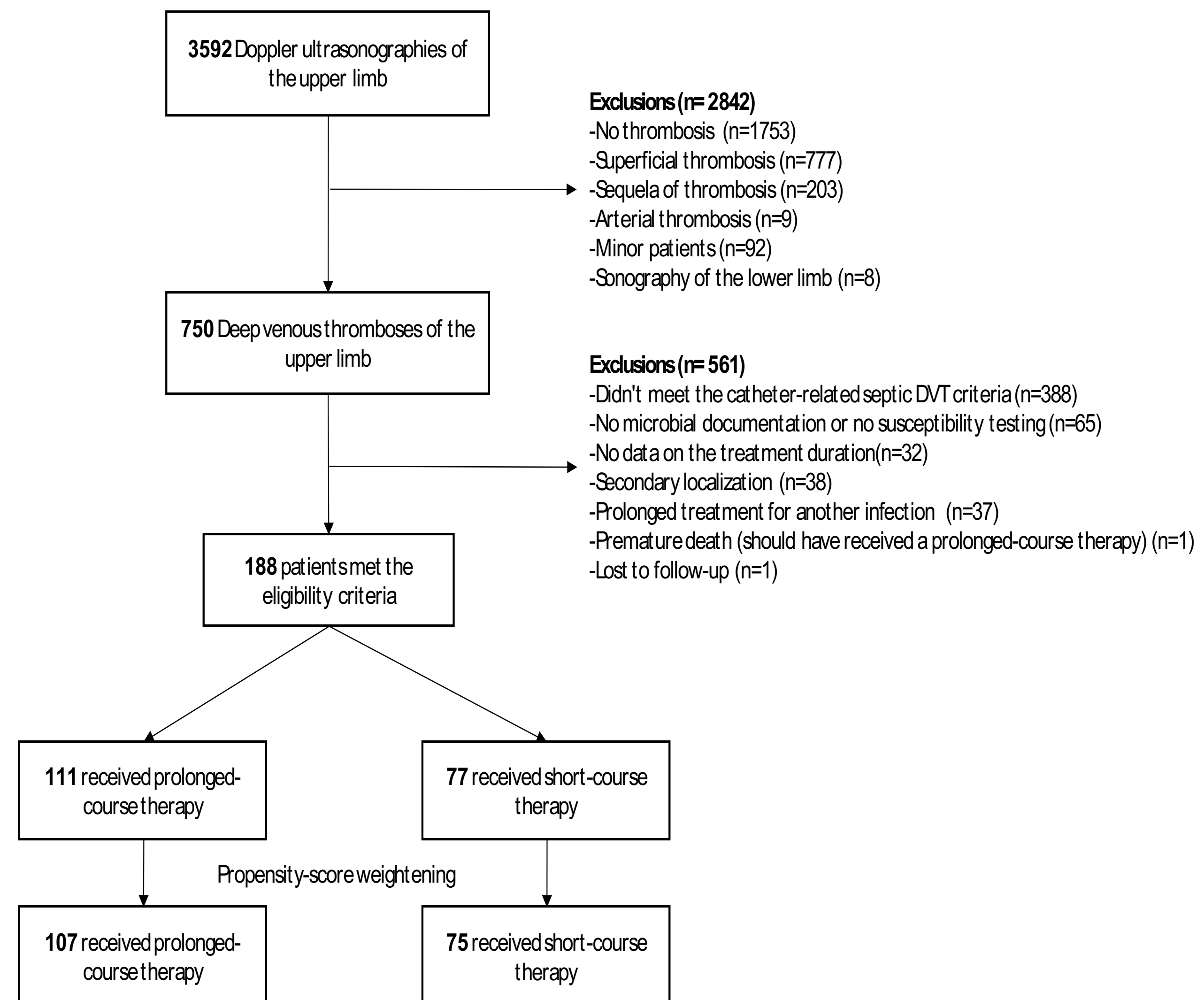
- Retrospective
- Monocentric
- Between 2015 and 2020
- Propensity score

INCLUSION

- ✓ Adults
- ✓ Catheter-related deep venous septic thrombosis
- ✓ Upper limb

EXCLUSION

- ✗ Missing data
- ✗ Secondary localization
- ✗ Prolonged treatment for a different infection



Results

63 years old
60% male

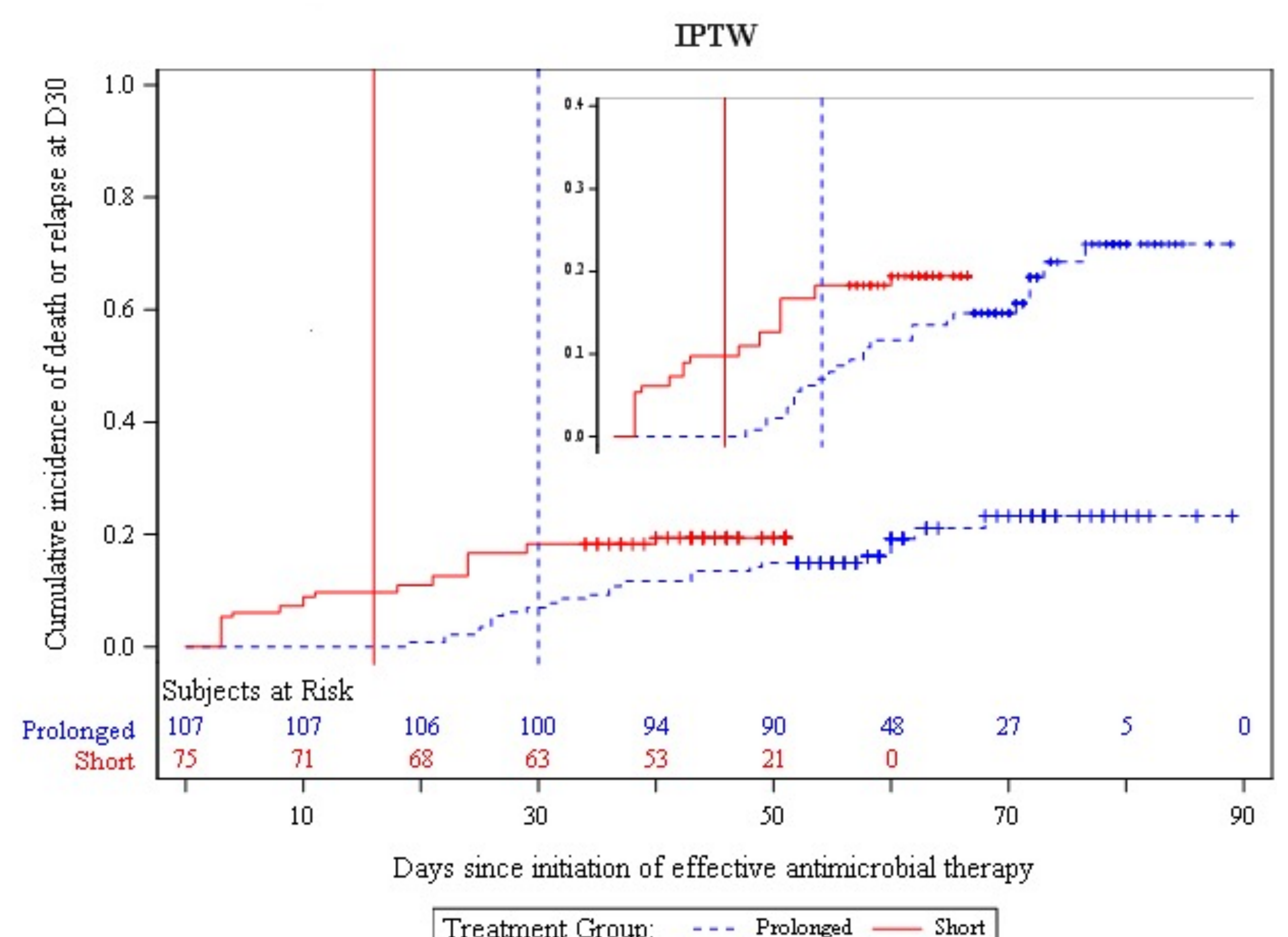
58% solid tumor
4% oncohematology

Catheters:
32% long-term
35% short-term
33% others

30% chemotherapy
18% parenteral nutrition

36% CoNS
21% *S. aureus*
10% GNB
7% NFGNB
7% *Candida* spp.

Antimicrobial therapy duration	≤3 weeks (n = 75)		>3 weeks (n = 107)		wHR (95% CI)
	n	%	n	%	
30-day all-cause mortality or relapse	13	17.3%	21	19.6%	0.66 (0.33-1.36)
90-day mortality	19	25.3%	24	22.4%	0.73 (0.41-1.30)
90-day relapse	2	2.7%	4	3.7%	0.91 (0.17-4.95)



Discussion

- ✦ A 3-week antimicrobial therapy seem as safe as a longer-course antimicrobial therapy to treat catheter-related septic thromboses
- ✦ Caution should be exercised with *Candida* septic thromboses and oncohematologic patients