

P14

Decrease in prevalence of clindamycin resistant *Staphylococcus aureus* after implementation of antibiotic regime.

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Background: In 2008 we examined retrospectively the prevalence of clindamycin resistant *Staphylococcus aureus* (CRSA) in the outpatient diabetic foot clinic. The prevalence of CRSA in subjects was 48.5 %. The first line broad spectrum antibiotic regimen for diabetic ulcer with underlying osteomyelitis was changed from clindamycin plus ciprofloxacin to flucloxacillin plus ciprofloxacin. The aim of the study was to examine the prevalence of CRSA in 2009 and 2010. **Method:** retrospective chart study was performed at the diabetic foot outpatient clinic. All patients with diabetes mellitus with a foot ulcer between January 1st 2009 and December 31st 2010 were included. Cultures were performed by swab. Cases were defined as patients with CRSA cultured in a primary or recurrent ulcer. Controls were defined as patients with an ulcer infected with a clindamycin-sensitive *S. aureus* (CSSA). The international diabetic foot ulcer classification system, PEDIS was used to describe the ulcer characteristics. **Results:** 188 ulcers were found in 135 patients. Wound cultures were taken in 93 of these 135 patients. *S. aureus* was found in 60% (56/93) of the patients. CRSA was found in 23,2% (13/56). All 35 wounds with PEDIS 3 or 4 classification were cultured. *S. aureus* was seen in 40 % (14/35) and 35,7% (5/14) were CRSA. No differences in ulcer outcome or demographic or wound characteristics between CRSA and CSSA were seen. **Conclusion:** After implementation of a new antibiotic strategy, the prevalence of CRSA decreased from 48,5 % to 23,2%. No methicillin resistant *S. aureus* were seen.