

[O05] THE CONCORDANCE OF EMPIRICAL ANTIBIOTIC THERAPIES IN PRIMARY CARE VERSUS ANTIBIOTIC TREATMENT GUIDED BY BONE CULTURE IN PATIENTS WITH CLINICALLY SUSPECTED DIABETIC FOOT OSTEOMYELITIS

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Aim: To analyze if the empirical antibiotic prescribed at Primary Care by General practitioner (GP's) is correlated with the results of bone cultures in patients with diabetic foot osteomyelitis (DFO).

Method: An observational study was performed in 80 patients with clinical suspect of DFO, who are taking antibiotic prescribed by GP's for treating bone infections. Bone samples were taken in every patient for microbiological and histological analysis. Bone cultures' sensitivity was compared with previous antibiotic therapy. We analyzed antibiotic concordance and bacterial resistant. If the infection were polymicrobial the antibiotic selected in the antibiogram should be sensitive in all of the pathogen isolated.

Results/Discussion: Median time from ulcer was 13,5 weeks (Q1: 25-Q3: 30) and the patients were taking antibiotics for a median time of 5 weeks (Q1: 3-Q3: 10) so far. The previous antibiotic and the results of bone culture match only in 18.8% (n=15) of the patients. 81.3% (n=65) of the patients had bacteria's resistance to the antibiotic that they were taking. Most concordance antibiotics were 60% (n=9) beta-lactams and 26.7% (n=4) quinolones. Most sensitive antibiotic to bone cultures were cephalosporin 81.3% (n=65), quinolones 35% (n=28), beta-lactams 22.5% (n=18) and meropenem 17.5% (n=14). In most cases the selection of the empirical antibiotic therapy in Primary care didn't correspond with the result of the bone culture so the hierarchy of the administration of empiric antibiotic treatment should change it.

Conclusion: The International Guidelines are not well implement in Primary care. These Guidelines should be implemented in Primary Care properly in order to choose the best antibiotic therapy in this kind of infections. In most of the cases DFO are not well treating primarily by GPs that could produce complications as: ulcers worsening, infections spreading by bacteria's resistant and minor and major amputations.