

[P15] HIGH PREVALENCE OF QUINOLONE-RESISTANT MICROORGANISMS IN INFECTED DIABETIC FOOT

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Aim: Diabetic foot infections are often cause of hospitalization and amputation. Aim of this study was to define microorganisms of infected diabetic foot and prevalence of quinolone resistance

Method: Between January 2011 to December 2014, we analyzed the results of 105 cultures from patients with clinical signs of moderate or severe diabetic foot infections and not being treated with antibiotics. A total of 53 patients were registered, mean age 76.5 years, 81.1% male, 32% of patients had neuropathic foot, 13% ischaemic foot and 55% had neuroischaemic foot.

Results/Discussion: 89 (84.7%) cultures were positives, a total of 132 microorganisms were isolated, 71 Gram positive, 60 Gram negative and 1 fungus. Gram positive more frequently isolated were: *St. aureus* (44), *E.faecalis* (12), *St.beta emoliticus* (5), *St.epidermidis* (4), while Gram negative more frequently isolated were: *Pseudomonas aeruginosa* (15), *Proteus mirabilis* (10), *E.coli* (9), *Morganella morganii* (8), *Serratia marcescens* (7). In 69.5 % of cultures only one microorganisms was isolated. The sites of the lesions were toe (46.6%), forefoot (34.2%) and heel (15.2%). 46.5% (61/131) of microorganisms were resistant to one antibiotic, while 16% (21/131) to two antibiotics, in particular 11.1% of *St.aureus* were Methicillin-resistant and 32% (43/131) of microorganisms were quinolone resistant, of which 38% (27/71) of Gram positive and 26.6% (16/60) of Gram negative.

Conclusion: *St.aureus* and *P. aeruginosa* were the most frequently isolated pathogens. In this study microorganisms presented high percentage of resistance to quinolone, in particular 70% of *P.mirabilis* (7/10) and 40.9% (18/44) of *St.aureus*. In our previous study of 2011, prevalence of *P.Mirabilis* quinolone resistant was 42.8%.

Ischaemia was an important risk factor for quinolone resistant, in fact 76.7% of pathogens were isolated from neuroischaemic ulcers. Other risk factors were previous hospitalization (68.4%) and previous antibiotic therapy (81.5%).