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Tigecycline For Skin Infection With SIRS In Immunocompromised Host

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ABSTRACT:

Tigecycline is the first agent in the new class of glycylcycline antibiotics.

It's expanded broad spectrum of activity, with demonstrated efficacy as monotherapy against clinically important Gram-positive and Gram-negative pathogens include also anerobes and antibiotic-resistant isolates.

It is presented the case of a 54 years old man, recently diagnosed with HIV infection, that had high fever and skin abscesses. The laboratory investigations showed a Systemic Inflammatory Response Syndrome.

After 10 days of treatment with Tygacil, 100 mg at first, then 50 mg/12 hours, surgical incision and drainage, antiinflammatory and symptomatic treatment, the patient's symptoms disappeared and we started also the antiretroviral therapy.

Key words: tigecycline, skin, systemic inflammatory response

Introduction

Tigecycline, the first agent in the new class of glycylcycline antibiotics, has an expanded broad spectrum of activity, with demonstrated efficacy as monotherapy against clinically important Gram-positive and Gram-negative pathogens and anerobes, including antibiotic-resistant isolates [1, 2, 3, 4].

The drug is efficacious in patients with secondary peritonitis, abscesses, complicated skin and soft tissue infection and is well tolerated without any adverse events [5].

It is presented the case of a patient, recently diagnosed with HIV infection, that had high fever and skin abscesses, treated with Tigecycline.

Materials and methods

A 54-years old, male patient, recently diagnosed with AIDS, was admitted in our clinic because of fever during the last 10 days.

On clinical examination we found two old abscesses, one in perianal region, and the other on the anterior half part of the left calf (Figure 1)

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Figure 1 – clinical aspect of the abscess

Laboratory findings:

- HIV tests (two ELISA and one Westernblot) positive
- White blood cells 14000/uL, granulocytes 80%
- CD4 128
- CD8 1253
- CD3 1373
- CD4/CD8 0,10
- HIV-RNA 932 000 c/ml
- Erythrocytes 3240000/uL
- Hb 10,4g/dL
- Thrombocytes 113 000/uL
- ESR 60mm/h
- Fibrinogen 840 mg/dL
- Ureea 50 mg/dL
- Creatinine 1,2 mg/dL
- ALT 55 U/L

- AST 61 U/L
- No pathogen agent isolated from the abscesses

Results

After 10 days of treatment that consisted of: Tygacil, 100 mg at first, then 50 mg/12 hours, surgical incision and drainage, antiinflammatory and symptomatic treatment, the patient's symptoms disappeared and we started also the antiretroviral therapy.

Conclusions

The evolution of this case and the conclusions of many clinical trials and studies shows us that Tygecycline demonstrated efficacy as monotherapy against severe infections, even in immunocompromised patients and antibiotic-resistant strains.

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