

左心系心内膜炎において経口抗菌薬への切り替えは安全である(Abstract 5869)

POET: 左心系心内膜炎患者において経口抗菌薬に切り替えることによって入院期間を半減させることができる

POET: Treatment with oral antibiotics can halve hospital stays for patients with left-sided endocarditis

一部の左心系心内膜炎患者において新たな治療法により入院期間を半減することが可能である、とのDanish POETトライアルのレイトブレイキングの結果がESC Congress 2018で発表され、*New England Journal of Medicine*に掲載された。10日以上を経静脈的抗菌薬投与の後、臨床的に安定した心内膜炎患者400人が経静脈的抗菌薬投与を継続する群、または経口抗菌薬投与に切り替える群にランダムに割り付けられた。経口抗菌薬投与群は外来患者として治療された。6か月の追跡期間中、主要評価項目発現率は両群ともに10.5%で、有意差はなかった。

Full Text

A new treatment can halve hospital stays for some patients with endocarditis, according to late breaking results of the POET trial presented in a Hot Line Session at ESC Congress 2018 and published in the *New England Journal of Medicine*.

The nationwide Danish POET trial examined if it was feasible and safe to shorten the duration of intravenous antibiotic treatment, and give the remaining antibiotics orally in some patients with left-sided infectious endocarditis. After at least ten days of intravenous antibiotics, 400 clinically stable patients with endocarditis were randomly allocated to continued intravenous antibiotics or to oral antibiotics. Patients in the oral antibiotics group were offered treatment as outpatients.

Professor Henning Bundgaard, principal investigator, of Copenhagen University Hospital, Denmark, said: "It is a huge challenge for patients to stay in hospital for up to six weeks receiving intravenous treatment, which is associated with an increased risk of complications. Reducing the length of hospital stay has improved outcomes in other diseases and oral antibiotics could be a safe way to achieve this."

Endocarditis is an infection of the endocardium and one or more heart valves. Around 15–30% of patients die in hospital. Intensive care is sometimes needed, and up to half of patients require surgery to remove infected tissue and repair or replace infected heart valves. After the initial phase and after surgery most patients are clinically stable and the main reason for staying in hospital is to complete up to six weeks of intravenous antibiotic treatment as recommended by guidelines.

Patients in the POET trial were followed-up for six months after antibiotic treatment had finished for the combined endpoint of all-cause death, unplanned cardiac surgery, embolic events, and reinfection.

After randomization, intravenous or oral antibiotics were taken for a median of 18 days. During the six-month follow-up period, the primary endpoint occurred in 10.5% of patients without any significant difference between the two groups. This means that the non-inferiority criterion was met and a change to oral treatment was as efficient and safe as the conventional continued intravenous treatment for the whole period.

Professor Bundgaard said: "Shifting to oral antibiotic treatment in stabilized patients with endocarditis was as effective and safe as continued intravenous antibiotic treatment and was given during half the antibiotic treatment period. These novel findings may have a significant impact on future clinical practice for the management of patients who are stable."

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DISCLOSURES: None.

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