

Letter to the Editor

Antibiotic Treatment of Enterococcal Infection

Hoffmann and Moellering (7) and Maki and Agger (9), among others, have recently drawn attention to the increasing importance of the enterococcus as a nosocomial pathogen. Further, reports of infections caused by strains with plasmid-mediated resistance to vancomycin and by strains producing β -lactamase (8, 10) highlight the limited and diminishing range of antibiotics available for the treatment of enterococcal infections. Maki and Agger (9) have shown how serious enterococcal bacteremia is: the mortality among 120 patients who were given "appropriate" antibiotic therapy was 42%. An agent used for the treatment of an enterococcal infection should be bactericidal and active against the majority of enterococci (9); if in addition such an agent is freely available, is cheap, and may be given either by mouth or parenterally, it might be thought that it would attract wide attention in the literature. Trimethoprim-sulfamethoxazole is such an agent, yet it is either ignored (by the majority of reviewers of enterococcal infections) or condemned as useless on the basis of totally inadequate evidence. Thus, Maki and Agger (9) show that results obtained with treatment that all would agree was "inappropriate" (a β -lactam alone, chloramphenicol, erythromycin, tetracycline, clindamycin plus gentamicin) were significantly worse than those found when appropriate therapy was used; but they then go on to include trimethoprim-sulfamethoxazole in this category without any cited clinical evidence. This combination is widely active against enterococci when tested under appropriate conditions (4) even in the presence of physiological concentrations of "folates" (3); synergy occurs (1, 6) even with strains that are resistant to trimethoprim (6); and the combination is bactericidal (1).

There is a great deal of misunderstanding about the activity of antifolate agents against enterococci (5), and the one adverse report (2) describes two patients only. The literature and experience suggest strongly that trimethoprim either alone or combined with sulfamethoxazole is effective treatment for enterococcal urinary tract infections. Whether

this efficacy extends to more serious infections is not at this moment clear either way, but it would be very unfortunate if the use of trimethoprim-sulfamethoxazole were dismissed out of hand without adequate evidence, as at present seems to be almost universal.

LITERATURE CITED

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