

UTILIZATION OF THE TOPICAL MICROBICIDE TECHNI-CARE FOR THE MANAGEMENT OF INTRA-ABDOMINAL INFECTION WITH VANCOMYCIN-RESISTANT *ENTEROCOCCUS FAECIUM*

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Serious intra-abdominal infection due to vancomycin-resistant *Enterococcus Faecium* is often refractory to conventional surgical management. We describe our experience with the intra-abdominal administration of Techni-Care (TC), a topical broad spectrum microbicide containing 3% Chloroxylenol, in the management of VRE infection.

Methods: The computerized medical and microbiologic archive of all liver transplant recipients with serious VRE infection who received intra-abdominal TC between 12/96-2/97 were retrospectively reviewed for clinical and microbiologic data. Follow-up was until hospital discharge or death.

Results: Twenty-two liver recipients received intra-abdominal TC followed by saline irrigation prior to abdominal closure (range 1-6 laparotomies). Adequate follow-up data was available for 15 patients. VRE infection occurred after a first transplant (n=9), or repeat transplant (n=6). The median time from the preceding to VRE infection was 10 days (3-87). The dominant anatomic presentation was peritonitis (n=9), and abscess or infected hematoma (n=6). VRE bacterimia was present in 11 patients and 12 patients had one or more non-VRE pathogens isolated from the primary site. Sustained VRE eradication at the primary site was evident in 7 patients; transplant eradication in 5, and none in 3 patients. Crude in-hospital mortality was 8/15 (53%) and was considered VRE-associated in 7 cases. No attributable local or systemic toxicity was observed.

Conclusion: Intra-abdominal TC may enhance the eradication of VRE in surgically managed intra-abdominal infection however its effect on clinical outcome is unknown. The non-irritant properties of this agent could permit its use in visceral infection. Further studies are warranted to establish its efficacy in VRE infection.