



5th EUROPEAN CONGRESS OF CHEMOTHERAPY AND INFECTION

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FESCI



HELLENIC SOCIETY
FOR INFECTIOUS DISEASES



HELLENIC SOCIETY
FOR CHEMOTHERAPY



HELLENIC SOCIETY
FOR MICROBIOLOGY



*Programme
Abstract Book*

Welcome to Greece



Dear Colleagues and Friends,

It is my very great pleasure and privilege to welcome you and thank you all from Europe and outside Europe, North and South America, the Far East and from Africa for attending the 5th European Congress of Chemotherapy and Infection.

The Congress is held in the Aegean island of Rhodes where the ancient and medieval culture meet our world's history and civilization.

For the last year we worked hard to prepare a high quality and well-balanced programme and we believe that you will exploit the opportunity to exchange thoughts and scientific information presented by the fore-runners in our field. We also hope that you will discover the legendary Greek hospitality, along with the historical venues of the island, which will make your visit to Rhodes unforgettable.

On behalf of Greece, I welcome you to my country and I wish you to enjoy every moment of your stay in Rhodes Island.

Professor Helen Giamarellou
President ECC-5

We are very pleased that our affiliated societies in the Hellenes have been deeply involved in organising this Congress. The Greek colleagues are well experienced in putting on high quality meetings and ensure that every Congress held in Greece is a memorable event in our lives.

The European Societies affiliated to the International Society of Chemotherapy are rightly proud of producing the Fifth in this series of Congresses. The programme is, as ever, of outstanding scientific merit and the ISC shares the pride in the continuing success of the European Congresses of Chemotherapy.



Bernard Rouveix
President FESCI



Jean-Claude Pechère
President, ISC

Organising Committee

(The Congress is a collaboration among European Societies of Chemotherapy and Infection (FESCI) and hosted by the Hellenic Societies for Infectious Diseases, for Chemotherapy and for Microbiology)

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Sat 101

Infectious complications of surgical treatment of musculoskeletal injuries – review of the etiological agents and risk factors

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Purpose of the study: To evaluate infectious complications in patients operated for musculoskeletal injuries in orthopaedics-traumatology department. Study group and method: Retrospective study of 32 patients surgically treated for musculoskeletal injury in years 2000-2002, in whom wound infection was detected clinically (purulent secretion) or proved by culture. Results: In the period 2552 patients were operated for musculoskeletal injury. Infectious complications developed in 32 patients (1.3%). Gram-positive cocci as a sole agent were isolated in only 12 patients (37.5%). In the other patients either Gram-negative or mixed flora was detected. Four patients (12.5%) had negative cultures. Only 4 patients (12.5%) had no significant risk factor for development of infectious complication. The most severe and refractory infections affected the patients with these risk factors: fracture with extensive soft tissue injury (opened fracture 9 times, closed fracture 5 times), diabetes mellitus (5 times), polytrauma with long stay in resuscitation or intensive care unit (5 times). Conclusions: The study evoked a question whether in patients with extensive soft tissue injury and patients with diabetes antibiotic prophylaxis should be completed with antibiotic efficient against Gram-negative agents. We suggest verifying this on prospective study.

Sat 102

Long-term conservative antibiotic treatment in patients with arthroplasty infections: Preliminary results

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Purposes: In order to present our experience in the non-surgical management of patients with arthroplasty infections, we conducted a retrospective study of patients who were treated in our infectious diseases department from 1999-2002. Most patients had undergone one or more revision or debridement surgery before the initial visit. Surgical history, clinical signs, the presence of sinus tract, responsible pathogens, sort and duration of treatment, post therapy follow-up (n=19) and final outcome (remission or relapse) were recorded. Results: 38 patients (12 with hip and 26 with knee arthroplasty) were eligible. Microbiological confirmation of the arthroplasty infection was recorded in 79% of cases. Gram-positive cocci predominated (84%, mainly staphylococci). More than one surgical procedure (revision or debridement) for arthroplasty infection characterized the majority of patients. Combined antimicrobial therapy was administered for 6, 12, 18 and more than 24 months with 30%, 78% and 91% response rates respectively. After a mean post treatment follow up period of 15 months, remission was preserved in 90% of the patients. Conclusions: Long term antibiotic treatment (more than 12 months) may succeed in controlling the arthroplasty infection when revision is not feasible. Long term post treatment follow up is mandatory in order to evaluate relapses of the infection and final outcome.

Sat 103

Septic sacroiliitis and sacral osteomyelitis: a case report.

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Clinical characteristics, investigations and therapeutical protocol in 22 year old female patient with septic sacroiliitis and sacral osteomyelitis with osteonecrosis have been showed. The patient was immunocompetent, without pre-existing disease or trauma, with piercing on the tongue. Dominating symptoms were high fever, pain in the right buttocks with difficult movement of entire leg. Laboratory findings included elevated ESR (68 mm/h), leucocytosis (21.7x10⁹/l) with granulocytosis (86%), increased levels of aminotransferases (ALT 82 U/l, AST 64 U/l), alkaline phosphatase (334 U/l) and gamma glutamyl transpeptidase (399 U/l). Diagnosis was made with MRI. Patient was penicillin allergic, and showed intolerance toward clindamycin (vomiting). Initial therapy was with gentamicin and ciprofloxacin, and the former after seven days was substituted with ceftriaxone due to negative therapeutic response. After three days of initiating this treatment (30 days protocol), defervescence was achieved. In the next 2 months treatment continued with ciprofloxacin and rifampin. Complete clinical sanation was achieved after 3 months of treatment initiation, and control MRI (after 6 months) showed resolution of the process.

Sat 104

Enterobacter cloacae septic arthritis in neglected femoral neck fracture: A case report

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A 70-year-old male patient with non-operated left femoral neck fracture, admitted with increasing severe hip pain 10 days after the simple falling. His co-problems were atherosclerotic heart and chronic obstructive lung diseases with diabetes mellitus. Among laboratory findings white blood cell count was 14000/mm³, erythrocyte sedimentation rate was 41/hr and C-reactive protein was 206 IU. During operation, hip joint was exposed filling with pus. Debridement and antibiotic loaded bone cement spacer insertion was performed. *Enterobacter cloacae* grew in deep tissue specimen culture. Cefepime was began 2g bid, and continued for 6 weeks. In 7th day postoperatively, joint debridement was repeated. After 6 weeks, when infection was clinically cured, hemiarthroplasty was performed. In this case, regarding to growing bacteria, underlying systemic problems and intra-articular type of fracture and instability, responsibility of bacterial translocation with gastrointestinal system source was thought.

Sat 105

Clinical and laboratory evaluation of the effectiveness of linezolid for the treatment of MRSA-osteomyelitis

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The purpose of the study was the clinical and laboratory evaluation of linezolid effectiveness on MRSA-osteomyelitis. We studied 12 bone MRSA-infections (7 tibial, 4 femoral, 1 calcaneal fractures). Surgical debridement, fixation method revision, soft tissue flaps were done and Linezolid was administered for 4 weeks (600mg bid iv for 2 weeks followed by 600mg bid po for 2 weeks), following cultures retrieved at the first debridement. *Staphylococcus* identification, the sensitivity tests (Kirby-Bauer method) and the MIC determinations of