

<b>O-9</b>	<b>USE of CEFOPERAZONE-SULBACTAM in FEBRILE NEUTROPENIA</b>
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Infection remains a common complication of neutropenic patients, Currently, about 60% of microbiologically documented infections are caused by gram-positive organisms and 40% by gram-negative bacilli. Cefoperazone-sulbactam (CS) is an attractive agent for empiric therapy of fever in neutropenic patients because of its broad spectrum of activity. An early Japanese, study in patients with hematological diseases (most of whom were neutropenic) found a response rate of 61% with CS. Although this was not a randomized study, CS alone was as effective as CS in combination with another antibiotic.

We conducted an open trial of CS alone during 545 evaluable episodes of fever in 432 neutropenic patients. The overall response rate was 75%. Among patients with gram-negative infections it was 86%. Five of six infections caused by cefoperazone-resistant gram-negative bacilli responded to CS.

Subsequently, we conducted a prospective, randomized trial comparing CS in 194 evaluable patients to imipenem/cilistatin (IM) in 175 patients. Both groups received vancomycin (V) because of a high frequency of methicillin-resistant gram-positive organisms at that time and patients assigned to CSV received vitamin K. The overall response rates were 74% for CSV and 73% for IMV. Among microbiologically documented infections, the response rates were 88%, 86%, and 83% for both regimens in bacteremias. Among patients with persistent severe neutropenia (< 100/cu.mm.), the response rates were 52% for CSV and 47% for IMV. There were significantly more side-effects with IMV (mainly nausea/vomiting).

Recently, Winston, et al compared CS to IM without V in febrile neutropenic patients. The overall response rates were 88% and 81% respectively. Among microbiologically documented infections the response rates were 87% versus 77% and among bacteremias they were 80% versus 87%.

These studies indicate that cefoperazone-sulbactam is an effective agent for empiric therapy of fever in neutropenic patients and can be used as a single agent in many institutions. It is as effective as imipenem/cilistatin. It is advisable to administer vitamin K routinely with this agent to avoid bleeding problems.

## REFERENCES

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