

Planning for bacteria in cancer patients may help hospitals fight infections

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What cancerous conditions lead to what kinds of bacterial infections? If doctors knew, they could predict which patients would likely benefit from pre-treatment with certain kinds of antibiotics. A University of Colorado Cancer Center study published in this month's issue of the *International Journal of Infectious Diseases* shows the answer: *E. coli* and *Klebsiella pneumoniae* are especially prevalent in patients with lung and GI cancers, more so for *Klebsiella* if these patients have been treated previously with aminopenicillins.

"These are really dangerous infections. You think about *Klebsiella* – it can develop resistance really quickly. And these patients have generally been in and out of hospitals. If you can't treat the infection early, it can quickly become a serious and life threatening condition," says Andrés Felipe Henao-Martínez, MD, clinical fellow in <u>infectious diseases</u> at the CU Cancer Center and University of Colorado Hospital.

His study looked at 462 patients with bacterial <u>blood stream</u> infections who were admitted to hospitals for treatment. Of these patients, 203 had cancer and 259 did not, allowing Henao-Martínez and colleagues to explore the clinical and microbiological differences between these populations. Interestingly, Henao-Martínez could show that most infections existing in cancer patients were acquired in hospital settings and not in the community, while non-<u>cancer patients</u> typically had community-acquired infections.

"Normally every hospital has a spreadsheet, an antibiogram, listing the



bacteria and their rate of <u>antibiotic resistance</u> they've found in their patient population. But if you can predict ahead of time what bacteria you're likely to encounter, you can prescribe more targeted <u>antibiotic</u> therapy before infections create complications," Henao-Martínez says.

For example, previous treatment with aminopenicillins, like amoxicillin, and the presence of cancer seemed to significantly increase the likelihood of *Klebsiella* infection .

"Klebsiella pneumoniae is largely resistant to amoxicillin – with the immune system compromised by the cancer and by chemotherapy, and with other bacteria largely wiped away by the amoxicillin class of antibiotics it appears that *Klebsiella* is left to flourish with little competition in patients with cancer" Henao-Martínez says.

The group recently submitted a paper detailing genetic differences in outcomes in this population of bacterially infected patients admitted for treatment.

Provided by University of Colorado Denver

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