

Five-day antibiotic course noninferior for pediatric febrile UTI

December 27 2023, by Elana Gotkine



For young children with febrile urinary tract infection (fUTI), a five-day amoxicillin-clavulanate course is noninferior to a 10-day course for recurrence of UTI within 30 days after completion of therapy, according



to a study published online Dec. 26 in Pediatrics.

Giovanni Montini, M.D., from Ospedale Maggiore Policlinico in Milano, Italy, and colleagues conducted a multicenter, randomized, controlled trial involving children aged 3 months to 5 years with a noncomplicated fUTI to assess the noninferiority (5 percent threshold) of a five- versus 10-day antibiotic course. A total of 142 children were randomly assigned to receive amoxicillin-clavulanate 50 + 7.12 mg/kg/day orally in three divided doses for five or 10 days (72 and 70 children, respectively). The recurrence of a UTI within 30 days after completion of therapy was examined as the primary end point.

The researchers found that the recurrence rate within 30 days of the end of therapy was 2.8 and 14.3 percent, respectively, in the short and standard groups (difference, -11.51 percent). The recurrence rate of fUTI within 30 days from the end of therapy was 1.4 and 5.7 percent in the short and standard groups, respectively.

"In this study, a five-day treatment with oral amoxicillin-clavulanic acid of an acute episode of fUTI was not inferior to a 10-day course, in terms of clinical cure rates, recurrence of infection within 30 days from the end of <u>therapy</u>, adverse events, and development of antibiotic resistance," the authors write.

More information: Giovanni Montini et al, Short Oral Antibiotic Therapy for Pediatric Febrile Urinary Tract Infections: A Randomized Trial, *Pediatrics* (2023). DOI: 10.1542/peds.2023-062598

Charles R. Woods et al, Are We Ready for Short Antibiotic Courses for Febrile Urinary Tract Infections in Young Children?, *Pediatrics* (2023). DOI: 10.1542/peds.2023-063979



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Citation: Five-day antibiotic course noninferior for pediatric febrile UTI (2023, December 27) retrieved 28 April 2024 from

https://medicalxpress.com/news/2023-12-five-day-antibiotic-noninferior-pediatric-febrile.html

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