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Brief communication: treatment of Enterococcus faecalis endocarditis with ampicillin plus ceftriaxone.

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BACKGROUND: High-level aminoglycoside resistance (HLAR) that precludes bactericidal synergism with penicillins or glycopeptides and nephrotoxicity related to aminoglycoside treatment are major problems in treating Enterococcus faecalis endocarditis.

OBJECTIVE: To evaluate the efficacy and safety of ampicillin plus ceftriaxone for treating endocarditis due to *E. faecalis* with and without HLAR.

DESIGN: Observational, open-label, nonrandomized, multicenter clinical trial.

SETTING: 13 centers in Spain.

PATIENTS: 21 patients with HLAR *E. faecalis* endocarditis and 22 patients with non-HLAR *E. faecalis* endocarditis. All were at risk for nephrotoxicity related to aminoglycoside use.

INTERVENTION: 6-week course of intravenous ampicillin, 2 g every 4 hours, plus intravenous ceftriaxone, 2 g every 12 hours.

MEASUREMENTS: Clinical and microbiological outcomes.

RESULTS: The clinical cure rate at 3 months was 67.4% (29 of 43 patients) among all episodes. During treatment, 28.6% of patients with HLAR E. faecalis endocarditis and 18.2% of patients with non-HLAR *E. faecalis* endocarditis died of infection-related causes. The rate of clinical and microbiological cure in patients who completed the protocol was 100% in the HLAR *E. faecalis* endocarditis group. No episodes of breakthrough bacteremia occurred, although there were 2 relapses in the non-HLAR *E. faecalis* endocarditis group. Treatment was withdrawn in 1 case because of fever and skin rash.

LIMITATIONS: The study had a small sample and was observational.

CONCLUSION: The combination of ampicillin and ceftriaxone is effective and safe for treating HLAR *E. faecalis* endocarditis and could be a reasonable alternative for patients with non-HLAR *E. faecalis* endocarditis who are at increased risk for nephrotoxicity.

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