

E. faecalis vancomycin-sensitive enterococcal bacteremia unresponsive to a vancomycin tolerant strain successfully treated with high-dose daptomycin.

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Enterococci are part of the normal flora of the gastrointestinal tract. Intra-abdominal and genitourinary enterococcal infections may be complicated by enterococcal bacteremia. Most strains of enterococci fecal flora in antibiotic-naive patients are *E. faecalis*. Because nearly all *E. faecalis* strains are sensitive to vancomycin, *E. faecalis* is synonymous with vancomycin-sensitive enterococci (VSE). *E. faecium*, which is nearly always vancomycin-resistant, is termed vancomycin-resistant enterococci (VRE). High-grade continuous enterococcal bacteremias may result in endocarditis. Persistent VSE and VRE bacteremias may be related to device-associated infections; intra-abdominal, pelvic, and/or renal abscesses; or enterococcal endocarditis. If these causes of persistent enterococcal bacteremia are eliminated, microbiologic and antimicrobial therapy-related causes for persistent bacteremia should be considered. We present a case of a male with a *E. faecalis* (VSE) bacteremia unresponsive to parenteral vancomycin therapy but sensitive to vancomycin in vitro (minimum inhibitory concentration [MIC] = 1 µg/mL). The patient was treated with high-dose daptomycin (12 mg/kg intravenously [IV] q 24 hours) empirically pending susceptibility testing. High-dose daptomycin therapy cleared the patient's *E. faecalis* bacteremia. Subsequently, it was determined that the strain of *E. faecalis* was "tolerant" of vancomycin (MIC = 1 µg/mL, MBC = >64 µg/mL). We believe this is the first case of enterococcal (VSE) bacteremia unresponsive to vancomycin tolerant strain of *E. faecalis* that responded to high-dose daptomycin (12 mg/kg IV q 24 hours) therapy.

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