

Author's reply to: Vandijck et al. *Enterobacteriaceae* bacteremia after liver transplantation

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Sir,

We thank Dr Vandijck *et al.* [1] for their interest and their comments concerning our recent study investigating the risk factors for *Enterobacteriaceae* bacteremia (EB) following orthotopic liver transplantation (OLT) [2].

Concerning mortality, the mortality rate indicated in our report (14 deaths among 40 patients with EB, 35%) was a crude mortality rate observed within 90 days following OLT. Of note, and as specified, only five deaths were attributed to EB itself, based on microbiologic and clinical data, leading to an attributable mortality rate of 12.5%. Meanwhile, the mortality rate of the cohort of OLT patients during the study period was 24%. As survival rate was not an endpoint in our work, our data do not allow us to precisely examine the impact of EB on survival among patients undergoing OLT, taking into account other variables indicative of the severity of the disease and/or of the patient's condition, but would certainly justify a specific investigation.

Concerning antimicrobial therapy, all patients received large spectrum empirical antibiotic therapy once sepsis was clinically suspected and blood cultures drawn. However, we are not able to determine specifically the number of hours between blood cultures and initiation of antimicrobial therapy as prescriptions were not yet computerized during the study period in our hospital. Empirical

antibiotic treatment in OLT patients always covered gram negative rods, and generally combined a large spectrum beta-lactam antibiotic such as piperacillin/tazobactam, a third or fourth generation cephalosporin or imipenem with amikacin or a fluoroquinolone. The choice of the large spectrum beta-lactam was based on the microbiologic history of the patient, i.e. when a patient was known to be or had been colonized with a strain producing an extended-spectrum betalactamase, imipenem was systematically used empirically. All antibiotic treatments were re-evaluated within 48 h once microbiologic data were available.

Bruno Fantin
*Internal Medicine, Beaujon Hospital,
Clichy, France*

References

1. Vandijck D, Hoste E, Vogelaers D, Stijn Blot S. Enterobacteria bacteria after liver transplantation. *Transpl Int* 2009; **22**: 354.
2. Bellier C, Bert F, Durand F, *et al.* Risk factors for *Enterobacteriaceae* bacteremia after liver transplantation. *Transpl Int* 2008; **21**: 755.