

primary studies - published RCT

Prevention of chronic *Pseudomonas aeruginosa* colonisation in cystic fibrosis by early treatment.

Code: PM1679870

Year: 1991 **Date:** 1991

Author: Valerius NH

Study design (if review, criteria of inclusion for studies)

Randomised, placebo-controlled, parallel, single centre trial.

Participants

26 participants aged 2 - 9 years (males: females = 13:13) with a recent positive culture who have never received anti-pseudomonal therapy.

Interventions

Oral ciprofloxacin (250 - 750 mg) twice-daily and inhaled colistin (1 mill. IU) for 3 weeks at entry and each time *P. aeruginosa* isolated or no anti-pseudomonas chemotherapy. Length of trial: 27 months.

Outcome measures

Time to chronic colonisation with *P. aeruginosa* (defined as the presence of *P. aeruginosa* in monthly routine sputum specimens for 6 consecutive months and/or the development of precipitating serum antibodies against *P. aeruginosa*).

Main results

During the 27 months of the trial, infection with *Ps aeruginosa* became chronic in significantly fewer treated than untreated subjects (2 [14%] vs 7 [58%]; p less than 0.05) and there were significantly fewer *Ps aeruginosa* isolates in routine sputum cultures in the treated group (49/214 [23%] vs 64/158 [41%]; $p = 0.0006$).

Authors' conclusions

chronic colonisation with *Ps aeruginosa* can be prevented in cystic fibrosis by early institution of anti-pseudomonas chemotherapy.

[http://dx.doi.org/10.1016/0140-6736\(91\)91446-2](http://dx.doi.org/10.1016/0140-6736(91)91446-2)

See also

Lancet. 1991 Sep 21;338(8769):725-6.

Keywords

Anti-Bacterial Agents; Bacterial Infections; Child; Ciprofloxacin; Colistin; Combined Modality Therapy; Infant; Infection; pharmacological_intervention; prevention; *Pseudomonas aeruginosa*; *Pseudomonas*; Respiratory Tract Diseases; Respiratory Tract Infections; Inhalation OR nebulised; Oral; Quinolones; other anti-bacterial agents;