
primary studies - published RCT

Lack of association of small-colony-variant Staphylococcus aureus strains with long-term use of azithromycin in patients with cystic fibrosis.

Code: PM21543567

Year: 2011 **Date:** 2011

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

randomized, placebo-controlled multicenter trial

Participants

260 children and adolescents with CF. The study enrolled relatively healthy children and adolescents with CF but uninfected with *P. aeruginosa*

Interventions

Respiratory tract specimens were obtained at baseline, day 84, and day 168

Outcome measures

azithromycin

Main results

At baseline, 74% of both azithromycin and placebo participants harbored *S. aureus* (3) and 4.6% of participants harbored SCV *S. aureus*. There was no association between treatment with azithromycin and emergence of SCV *S. aureus*. Treatment-emergent azithromycin-resistant non-SCV strains of methicillin-susceptible and/or methicillin-resistant *S. aureus* were detected in 37% of azithromycin and 11% of placebo participants (P

Authors' conclusions

despite treatment-emergent azithromycin-resistant *S. aureus*, long-term treatment with azithromycin among children and adolescents with CF, most of whom were infected with *S. aureus* at baseline, was not associated with treatment-emergent SCV strains

<http://dx.doi.org/10.1128/JCM.00835-11>

See also

J Clin Microbiol. 2011 Jul;49(7):2772-3. Epub 2011 May 4.

Keywords

Bacterial Infections; Immunoregulatory; Infection; pharmacological_intervention; Respiratory Tract Diseases; Respiratory Tract Infections; Staphylococcus aureus; Azithromycin; Anti-Bacterial Agents; Macrolides; Anti-Inflammatory Agents; Anti-Inflammatory Agents - excl Steroids;