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Preventing septicemia post transrectal ultrasound guided biopsy of the prostate: An assessment of the efficacy of ciprofloxacin and amikacin combination regimen over an 8-year period

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Introduction/objective: Infectious complications ranging from bacteremia to septicemia are the most dreaded complications of transrectal ultrasound guided biopsy of the prostate (TRUSBP). The quinolones especially ciprofloxacin have been the major antibiotic prophylaxis recommended to minimize these complications. As in many other parts of the world, we observed a rising trend of *E. coli* isolates resistance to ciprofloxacin in our unit from 2001 to 2005. In 2006 we decided to use ciprofloxacin combined with a single dose of IV amikacin 500 mg as prophylactic antibiotic regimen prior to TRUSBP. The aim of this study was to assess the efficacy of this combination regimen on the post TRUSBP septicemia rate from 2006 to 2013.

Patients and methods: Patients scheduled to undergo TRUSBP received oral ciprofloxacin 500 mg BD for 4 days starting the day before the procedure. 30 minutes prior to the procedure the patient received a single dose of IV amikacin 500 mg. It was compared the number of patients admitted with post TRUSBP septicemia from 2006 to 2013. “p” for trend was calculated for the study period.

Results: In the ciprofloxacin only era, the post TRUSBP septicemia rate in 2001, 2003 and 2005 was 2.1%, 9.1% and 13.3% respectively ($p < 0.001$). In the era of combination regimen, the septicemia rate was 1.5% in 2006, 1.6% in 2010 and 1.6% in 2013 ($p < 0.15$). Patients who developed septicemia in the ciprofloxacin only era spent an average of 2.4 (range 0 to 5) days in the ICU, whereas none of those in the combination era spent a day in ICU ($p < 0.01$)

Conclusion: These results indicate that ciprofloxacin and amikacin combination regimen remains very effective prophylactic antibiotics at minimizing septicemic episodes post TRUSBP over an 8 year period.

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