



Evaluation of Oral Amoxicillin/Clavulanate for Urinary Tract Infections Caused by Ceftriaxone Non-Susceptible Enterobacterales

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- Due to the rise of extended-spectrum beta-lactamase (ESBL)-producing organisms from urinary tract infections (UTIs) other treatments are being considered, such as Amoxicillin-Clavulanate.
- This study compared the clinical outcomes of patients with UTIs caused by ceftriaxone non-susceptible Enterobacterales treated with Amoxicillin/Clavulanate (n=26, dosing regimen 875/125 mg every 12 hour or 500/125 mg every 12 hour or 500/125 mg every 8 hour) or standard of care (SOC, n=33).
- Patients who received Amoxicillin/Clavulanate for inpatient treatment of UTI had a shorter duration of stay (2.9 + 1.2 days vs. 8.4 + 8.9 days, $p = 0.053$) as compared to the SOC.
- In-patients who received Amoxicillin/Clavulanate also had a shorter total duration of therapy than those with SOC (10.3 + 9.8 days vs. 19.7 + 20.5 days, $p = 0.237$).

Amoxicillin/Clavulanate may be a suitable alternative therapy for UTIs caused by ceftriaxone non-susceptible Enterobacterales.

