

**O-12**

**EMPIRICAL ANTIBACTERIAL TREATMENT IN HIGH-RISK PATIENTS**

**Vladimir Krčméry, Jr.**

Increasing intensity of chemotherapy in hematology including BMT in the last 10 years fortunately did not result into increasing mortality. Attributable (infection-related) mortality decreased from 20% in 1960 to 5-10% in 1990 and did not differ among subgroups of patients. Surprisingly mortality due to bacterial infection has been decreasing and majority of deaths were due to fungal or CMV infections. This is because antimicrobial coverage including potent bactericidal drugs based on experience from EORTC studies. Ceftazidim plus amikacin have been shown as golden standard and all new compounds for febrile neutropenia are tested in comparison to this combination. The role of chemoprophylaxis after several years of discussion seems to be confirmed. Quinolones together with fluconazol showed not only decrease of number gram-negative or both gram-negative and gram-positive infections, but also attributable mortality as showed in at least 3 studies in 1998. Newer quinolones such as trovafloxacin or grepafloxacin may replace combination chemoprophylaxis (assessed in the last EORTC prophylactic study), decreasing both gram-positive and gram-negative bacteremias.