

## Antibacterials

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**Lack of efficacy: case report**

A man in his 30s [*exact age not stated*] exhibited lack of efficacy during treatment with cefotaxime, metronidazole, spiramycin, oxacillin, clindamycin, linezolid, piperacillin/tazobactam, meropenem and gentamicin for *Staphylococcus aureus* infection [*dosages and routes not stated*].

In March 2020, the man presented to an emergency department with cough, blood-streaked sputum and fever. Following a diagnosis of pleuropneumonia, he started receiving metronidazole and cefotaxime. The next day, due to respiratory deterioration he was transferred to ICU for mechanical ventilation, inotropic support and intubation. He received spiramycin along with metronidazole and cefotaxime. Four days after the intubation, his condition did not improve. Additionally, he was found to be COVID-19 positive. Culture-test was positive to *Staphylococcus aureus*. Due to the presence of necrotising pneumonia associated with acute respiratory distress syndrome, a Panton-Valentine leukocidin-secreting *Staphylococcus aureus* infection strain was diagnosed. Subsequently, antimicrobial therapy was changed to clindamycin and oxacillin. He also received off label azithromycin and lopinavir/ritonavir for COVID-19. After 3 days, his antimicrobial treatment was changed to linezolid and piperacillin/tazobactam due to lack of improvement. Owing to deterioration of renal, respiratory and liver functions, he received unspecified anticoagulation and venovenous extracorporeal membrane oxygenation 10 days after ICU admission. After 2 days, he received gentamicin, linezolid and meropenem. However, seventeen days after admission, he died [*immediate cause of death not stated*].

Duployez C, et al. Panton-Valentine Leukocidin-Secreting *Staphylococcus aureus* Pneumonia Complicating COVID-19. Emerging Infectious Diseases 26: 1939-1941, No. 8, Aug 2020. Available from: URL: <http://doi.org/10.3201/eid2608.201413>

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