

Antibiotic therapy in complicated pneumnonia – what combination gives best results?

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Although community-acquired pneumonia (CAP) mortality in well-developed countries decreased significantly in the last decades, it remains one of the leading causes of morbidity in childhood. However, local CAP complications such as parapneumonic effusion (PPE)/pleural empyema (PE), necrotizing pneumonia (NP) and lung abscess are still challenging issues. We are presenting specific case who developed lung abscess as complication of pneumonia.

A 1-year-old child was admitted to hospital with the symptoms of high (elevated) body temperature (40 °C), fatigue, non-productive cough, severe dyspnea and increased nasal congestion. Initial treatment included two antibiotics: clarithromycin (125 mg/5ml) at a dose of 3 ml twice a day and cefpodoxime (40 mg/5 ml) at a dose of 5 ml every twelve hours in the form of a peroral suspension.

After increase in CRP values (249 mg/L), a double antibiotic therapy is switched with another combination (intravenous therapy with cephalosporin of the third generation of ceftazidime at a dose of 500 mg was included every eight hours, together with clindamycin at a dose of 100 mg every six hours. The clinical course of pneumonia was complicated with development of lung abscess. Triple intravenous antibiotic therapy with vancomycin, meropenem and metronidazole over a period of at least three weeks and in accordance with guidelines for treating abscess was involved. The duration of antibiotic therapy depends on the clinical and radiographic response of the patient. The chosen antibiotics have to cover a wide specter of Gram-positive and Gram-negative bacteria.

In spite of the standard antibiotic therapy (treatment), the response of the organism is always individual. The combination of antibiotics that led to recovery included meropenem, vancomycin and metronidazole.

