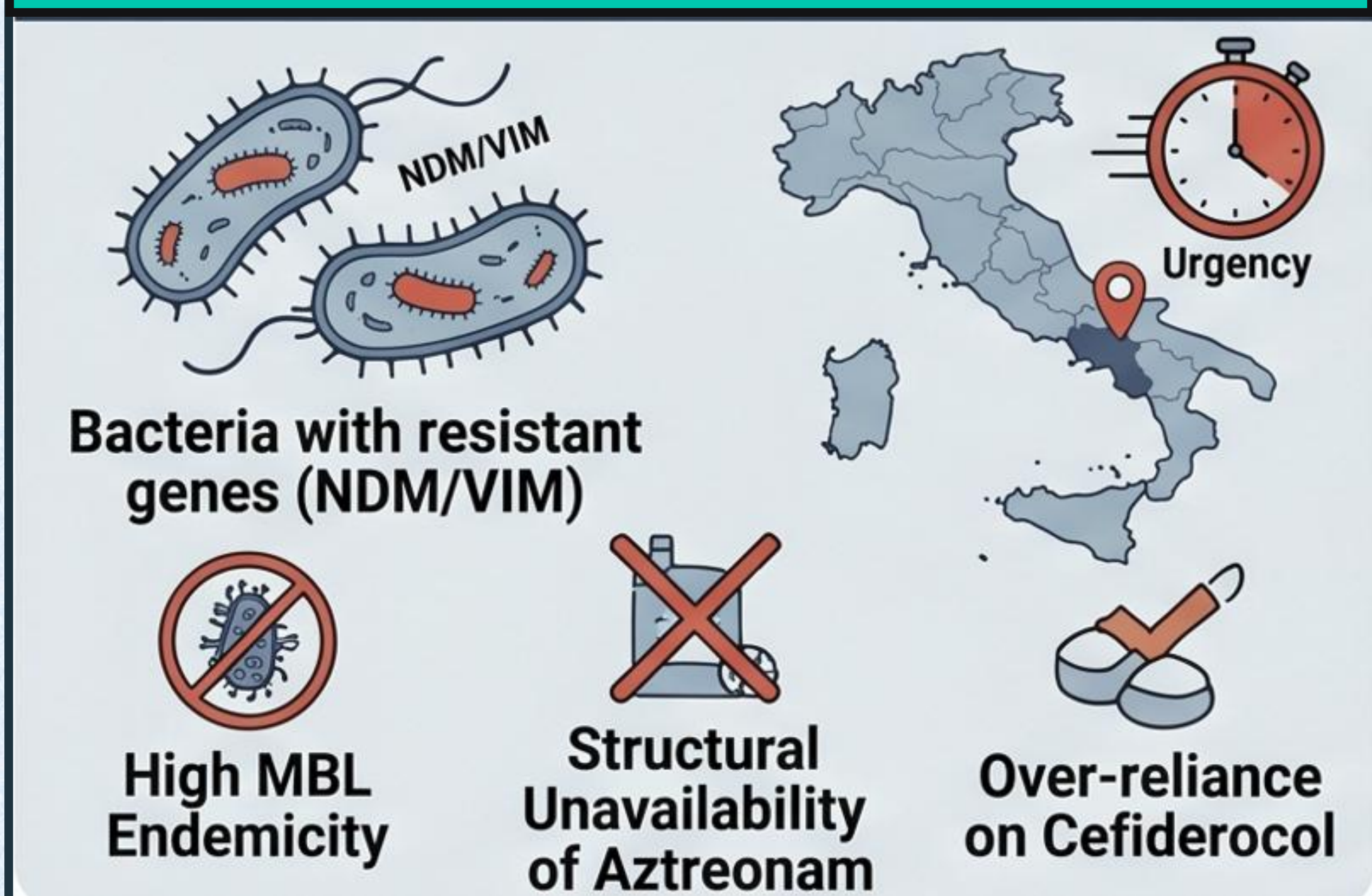


# Navigating MBL endemicity: prescribing patterns, diagnostic delays, and clinical outcomes of last-line agents in a high-endemicity Regional Hospital

F. Spada, N. Esposito, A. Salomone Megna

## BACKGROUND



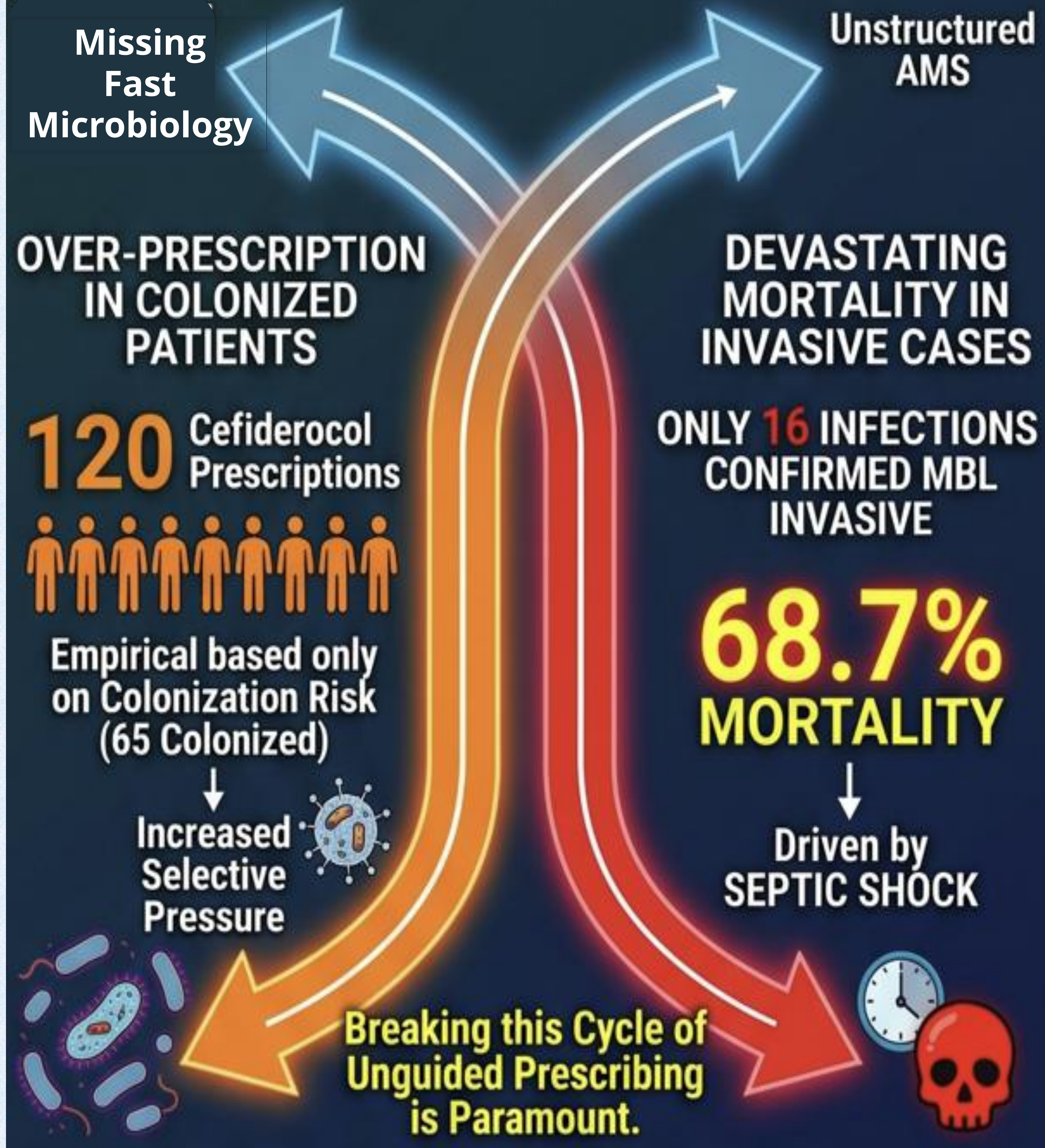
## METHODS

- **Study Design:** 1-year retrospective observational study (San Pio Hospital, Benevento, Italy).

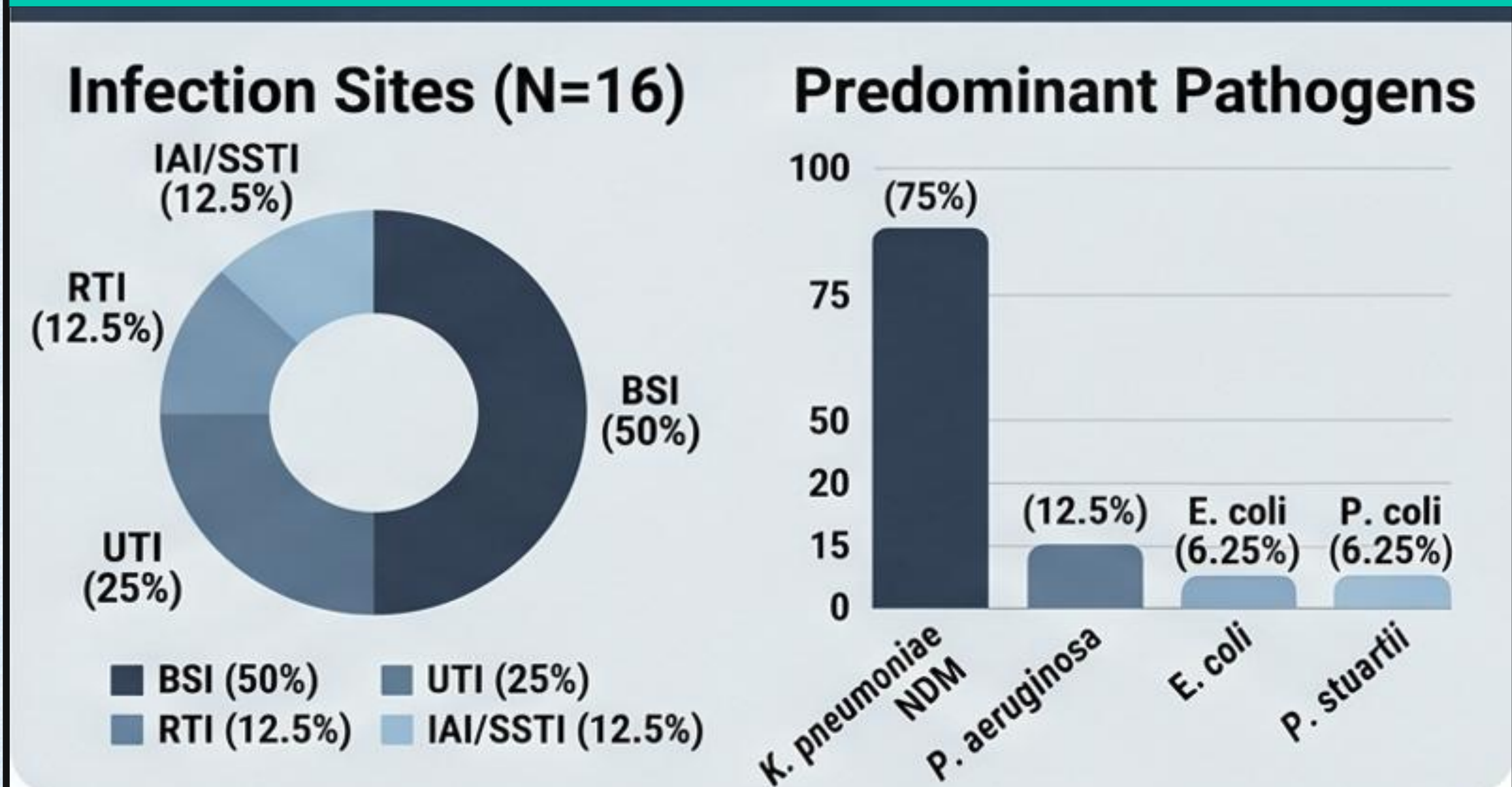


- **Core Analysis:** Hospital-wide prescriptions of cefiderocol and ceftazidime/avibactam (CAZ/AVI).
- **Methodology:** Cross-referencing clinical indications with active surveillance (rectal swabs) and microbiological cultures.
- **Key Patient Pathway:** All evaluated patients initially accessed care through the **Emergency Department (ED)** prior to Infectious Diseases admission or consultation.

## A DANGEROUS LOOP



## RESULTS



## CONCLUSIONS & CALL TO ACTION

- The lack of rapid diagnostics drives an over-reliance on empirical cefiderocol. This creates a lethal paradox: **Overprescription & selective pressure** in merely colonized patients and **high mortality** in invasive cases due to delayed targeted therapy.
- To optimize early empirical choices and improve patient survival, three vital steps are paramount:
  - **Rapid Diagnostics:** Integrate rapid molecular testing directly at ED triage.
  - **Strict Policy:** Enforce a mandatory "**cultures before antibiotics**" protocol.
  - **Stewardship:** Strictly align prescribing patterns with national AMR guidelines.

