題名:In-vitro activity of tigecycline against clinical isolates of Acinetobacter baumannii in Taiwan determined by the broth microdilution and disk diffusion methods.

作者:林秀真

Liao CH; Kung HC; Hsu GJ; Lu PL; Liu YC; Chen CM; Lee CM; Sun W; Jang TN; Chiang PC; Cheng YJ; Lin HC; Shi ZY; Wang LS; Chuang YC; Tsao SM; Lu CT; Liu JW; Huang CH; Hsueh PR.

貢獻者:小兒學科

上傳時間:2009-08-10T05:08:27Z

摘要:A total of 393 isolates of A. baumannii were collected from patients treated at 19 teaching hospitals in Taiwan. Minimum inhibitory concentrations (MICs) and inhibitory zone diameters for tigecycline were determined by the broth microdilution method and the disk diffusion method, respectively. The MIC results were interpreted using the US FDA tigecycline susceptibility breakpoints for Enterobacteriaceae (susceptible [S] <or=2 microg/mL; intermediate [I] 4 microg/mL; resistant [R] >or=8 microg/mL). The disk diffusion results were interpreted by criteria recommended by Jones et al. (S >or=16 mm; I 13-15 mm; R <or=12 mm) and also by those recommended by the US FDA</pre> for Enterobacteriaceae (S > or=19 mm; I 15-18 mm; R <or=14 mm). The percentages of susceptible, intermediate</pre> and resistant isolates determined by the broth microdilution method were 80.9%, 12.2%, and 6.9%, respectively. The rates of susceptible, intermediate and resistant isolates by the disk diffusion method using the criteria of Jones et al. were 88.3%, 9.9% and 1.8% and using the US FDA criteria were 44.0%, 51.7% and 4.3%. Using the criteria recommended by Jones et al., the total error rate of the disk diffusion method in comparison with the broth microdilution method was 14.2% (56/393). For routine susceptibility testing of tigecycline against A. baumannii the broth microdilution method, not the disk diffusion method, should be used due to the poor correlation of results between these two methods interpreted either by the Jones et al. or US FDA criteria.