

Clinical guidelines for the monogement of cancer patients with neutropenia and unexplained fever.

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摘要

Abstract

Introduction Neutropenia is a frequent complication in patients with malignancies undergoing cytostatic chemotherapy. It is also an important risk factor for infection. Fever is often the only sign of infection in neutropenic cancer patients. Although infections cannot be documented in a large proportion of febrile neutropenic cancer patients, empirical antimicrobial therapy based on clinical evidence and local data on microbiological epidemiology and susceptibility must be started immediately. The following recommendations for antimicrobial use in neutropenic patients with fever of unknown origin have been issued by a group of experts from countries belonging to the Asia–Pacific region. The task has been particularly challenging because of the significant differences among the participating countries, mainly in terms of microbiological epidemiology and resistance patterns. Indeed, in most countries of the region, and in contrast to the Western world, Gram- negative bacteria are the prevailing etiological agent of infections in febrile granulocytopenic patients. An additional difficulty has been the varying microbial susceptibility profiles and the high prevalence of methicillin-resistant *Staphylococcus aureus* (MRSA), coagulase-negative staphylococci, vancomycin-resistant enterococci, viridans group streptococci, ciprofloxacin- resistant *Escherichia coli* and *Pseudomonas aeruginosa*, among others. The recommendations that follow should be expected to provide general guidance to clinicians who care for febrile neutropenic cancer patients, rather than to operate as a substitute for their clinical judgment.

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