

Q2 ALL OF THE FOLLOWING ARE APPROPRIATE FIRST-LINE THERAPIES FOR INTRAPERITONEAL ANTIBIOTICS, EXCEPT:

- A. Vancomycin and ceftazidime
- B. Cefazolin and metronidazole
- C. Cefazolin and ceftazidime
- D. Cefepime

The correct answer is B.

Despite the gram stain showing gram negative rods, the patient should still be treated with empiric antibiotics until the culture has fully resulted. In fact, the primary utility of the gram stain is to rule out fungal growth as opposed to narrow the differential diagnosis of bacterial growth.

Per the ISPD guidelines, broad-spectrum antibiotics should cover gram positive (1st generation cephalosporin or vancomycin) and gram negative organisms (3rd generation cephalosporin or aminoglycoide).

Common empiric antibiotic regimens include

1. Vancomycin and cefepime (MRSA coverage)
2. Cefazolin and ceftazidime (both cephalosporins, but target gram + and - species)
3. Cefazolin and gentamicin
4. Cefepime mono therapy (new to 2022 ISPD guidelines)

Important facts:

1. No discernible difference in peritonitis cure rate was found between empirical cefazolin and vancomycin use for gram-positive or culture-negative peritonitis, according to observational data from PDOPPS.
2. Cefepime monotherapy was shown to be effective and non-inferior to standard dual therapy with cefazolin plus ceftazidime

Further reading:

<https://journals.sagepub.com/doi/epub/10.1177/08968608221080586>