

Cefepime/enmetazobactam steady-state concentrations in spondylodiscitis-relevant tissues – an experimental porcine study

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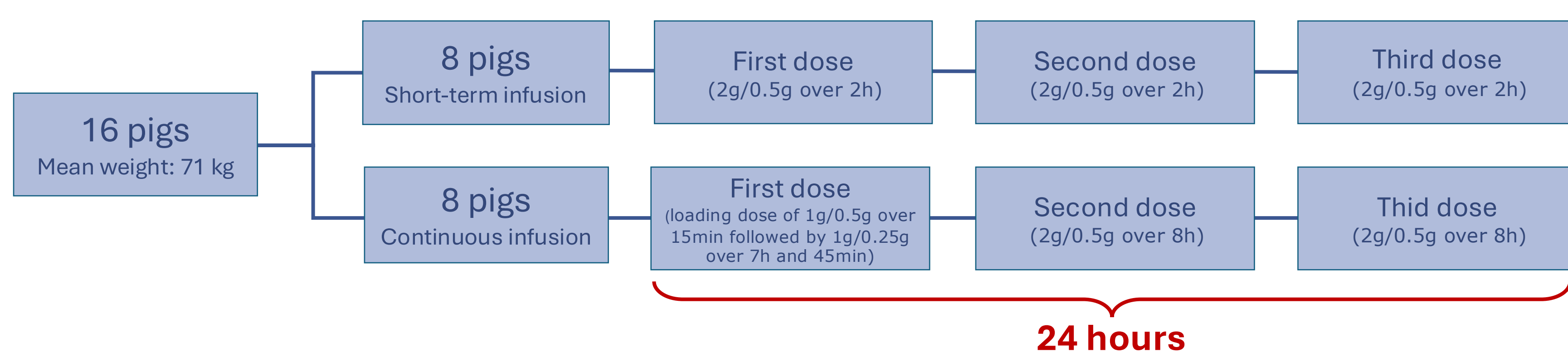
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Introduction

Spondylodiscitis is a severe infection with substantial morbidity and mortality. Gram-negative organisms account for approximately **25–30%** of cases and can be challenging to treat. Cefepime/enmetazobactam is a novel cephalosporin/ β -lactamase inhibitor combination with activity against ESBL-producing Gram-negative pathogens

Methods

Sixteen pigs were randomised to receive either short term infusion of cefepime/enmetazobactam or continuous infusion in three dosing intervals of 8 hours.



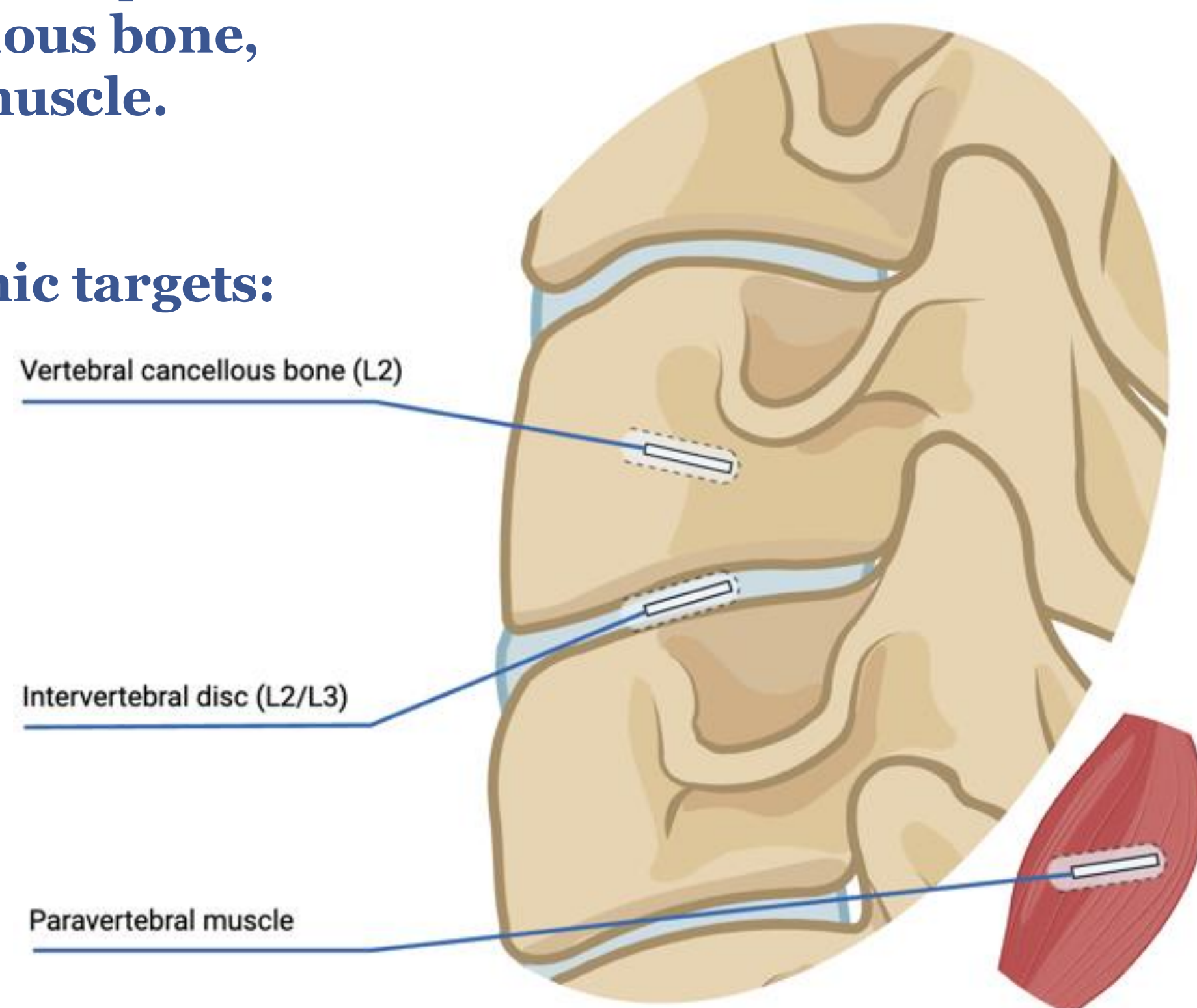
Microdialysis was employed to dynamically sample interstitial fluid from the **Vertebral cancellous bone**, **Intervertebral disc** and **paravertebral muscle**. Plasma samples were collected as reference.

Key pharmacokinetic/pharmacodynamic targets:

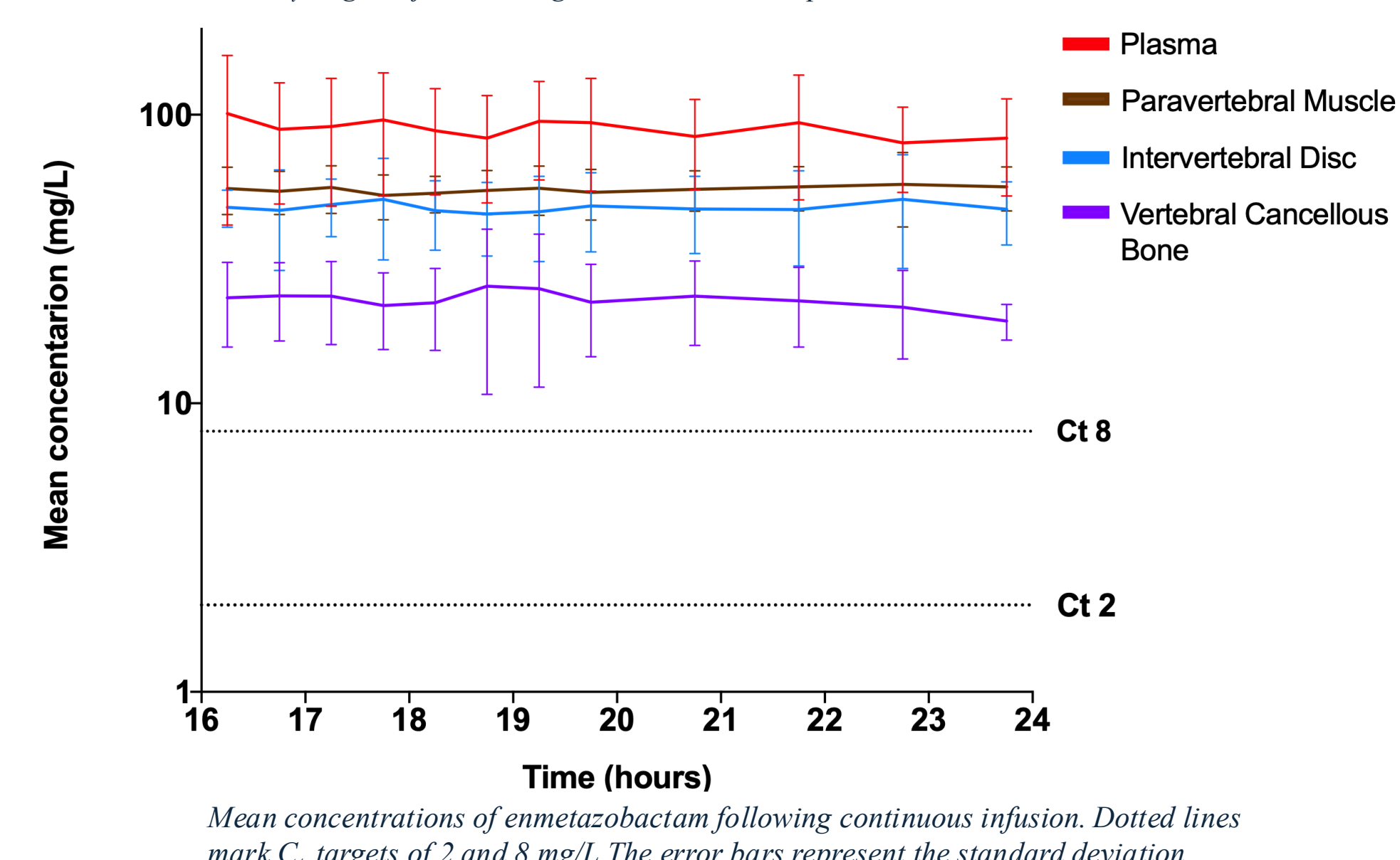
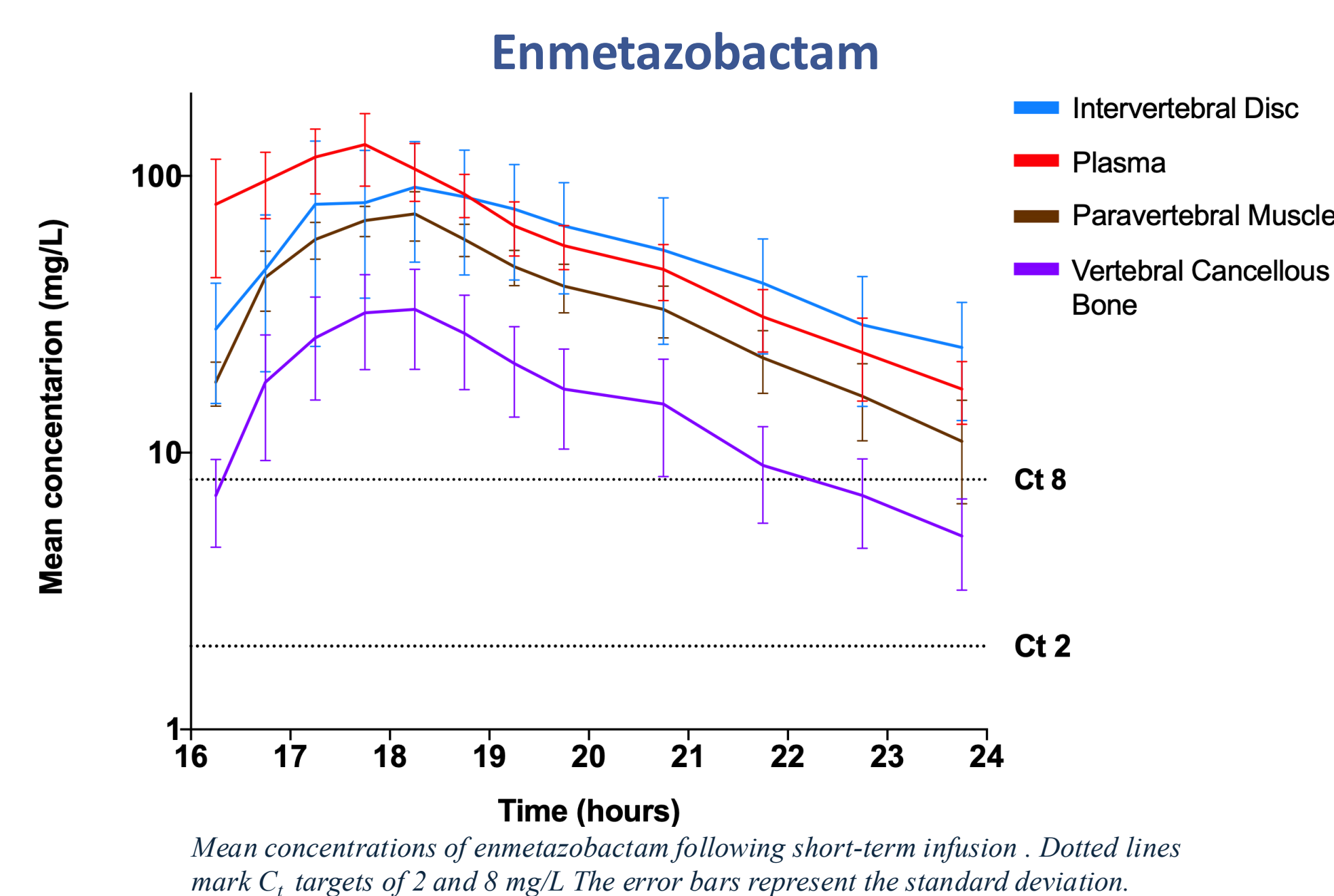
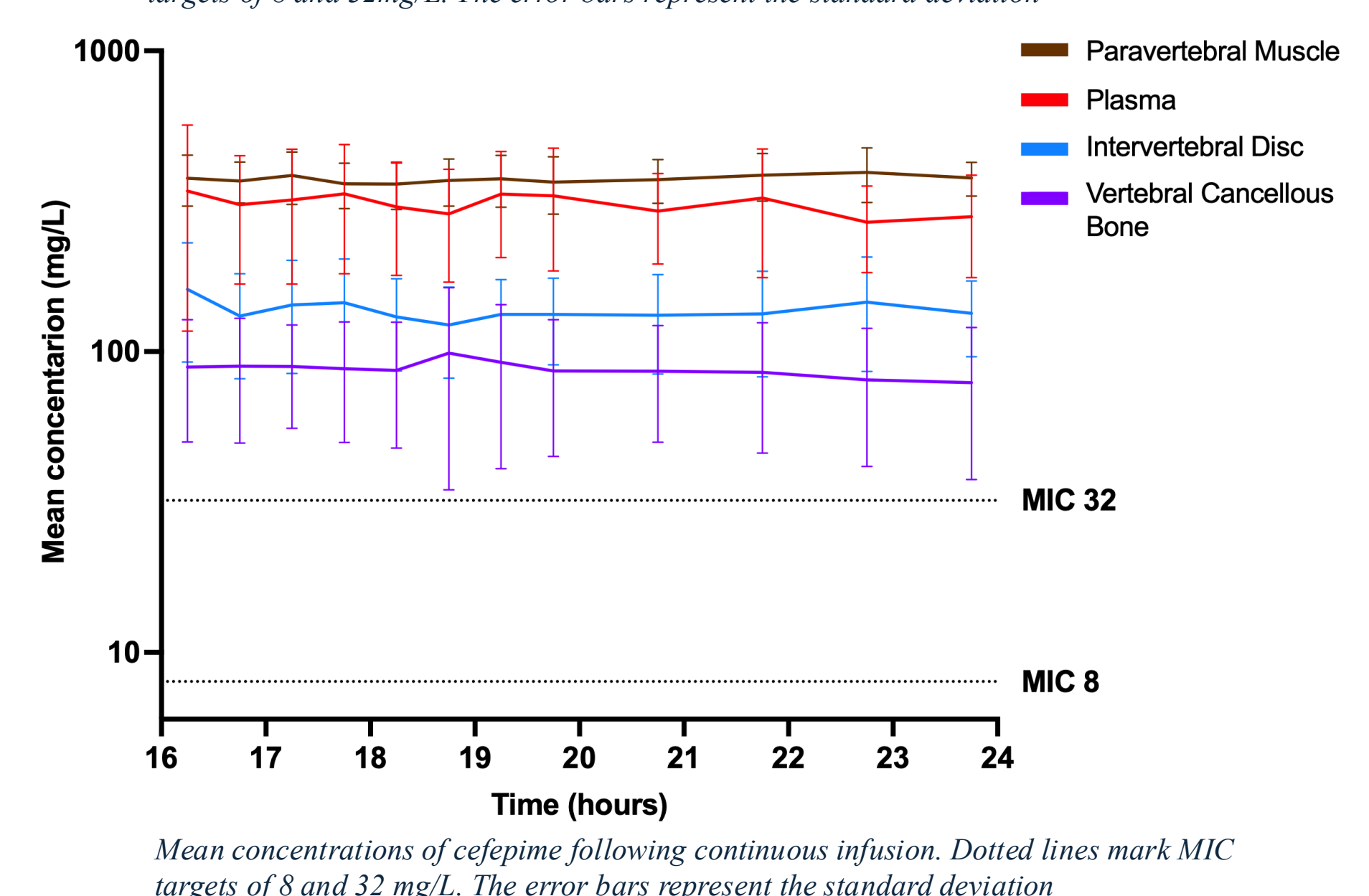
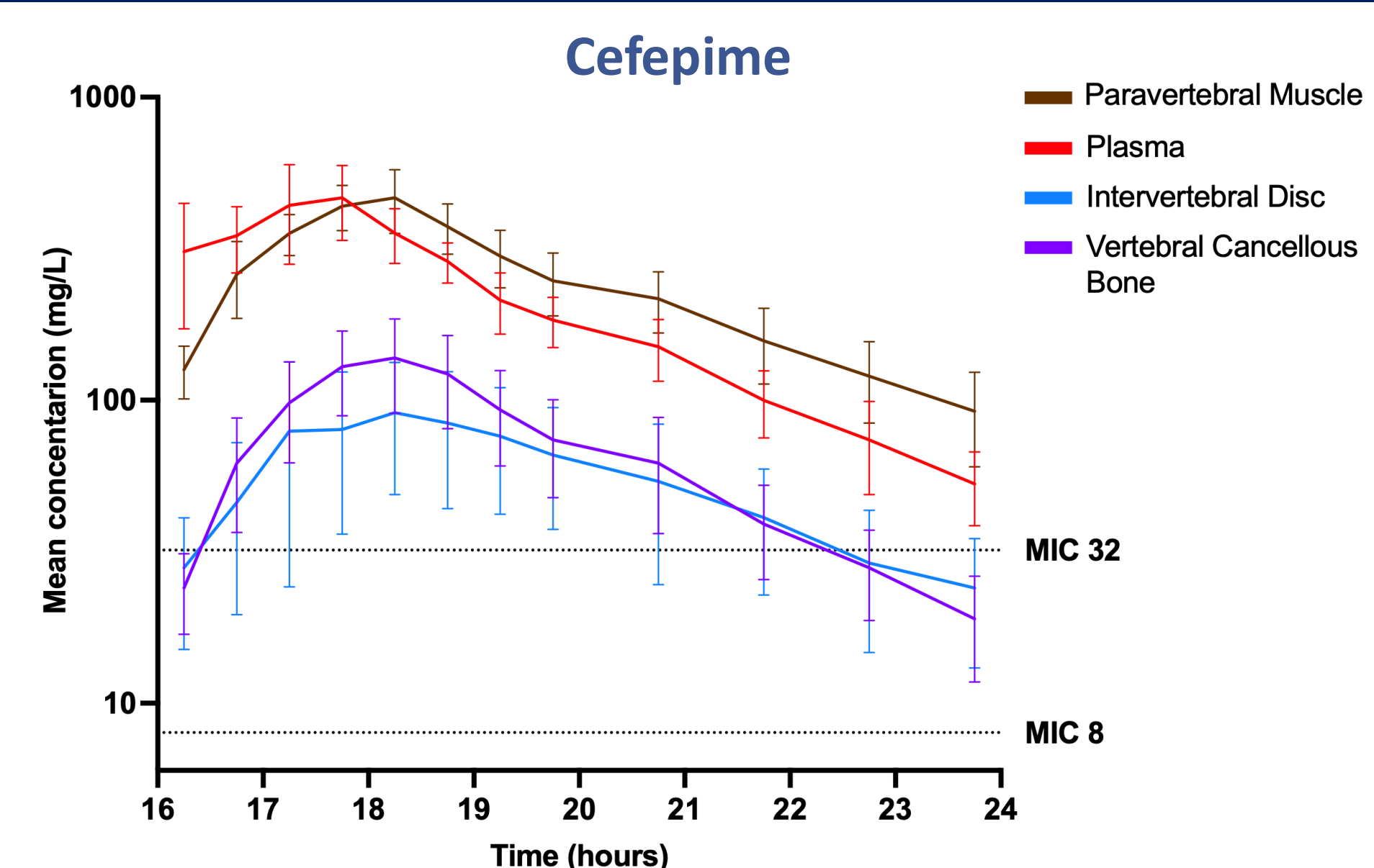
For cefepime $T > MIC$:
Enterobacteriales: 4 ug/mL
Pseudomonas Aeruginosa: 8 mg/mL

For enmetazobactam $T > C_t$
 2 ug/mL

And aggressive targets of $4 \times MIC$ and $4 \times C_t$



Concentration-time profiles



Results

For cefepime: At the conventional MIC targets 4 and 8 mg/L, all compartments achieved 100% $T > MIC$ during the third dosing interval, regardless of administration. At the aggressive target of 32 mg/L, continuous infusion resulted in longer $T > MIC$ than short-term infusion in vertebral cancellous bone and intervertebral disc.

For enmetazobactam: At the conventional C_{th} threshold of 2 mg/L, all compartments achieved 100% $T > C_{th}$ threshold, regardless of administration. At the aggressive C_{th} threshold of 8 mg/L, continuous infusion resulted in longer $T > C_{th}$ threshold than short-term infusion in vertebral cancellous bone and intervertebral disc

Conclusions

Cefepime/enmetazobactam consistently reached theoretically effective unbound steady-state tissue levels in vertebral bone, intervertebral disc and paravertebral muscle, regardless of the mode of administration. Continuous infusion provided an advantage only at the most aggressive targets (cefepime 32 mg/L; enmetazobactam 8 mg/L).

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