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VRE Skin Colonization and Risk of Bacteremia

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Enterococci are a frequent cause of nosocomial bacteremia. However, the clinical significance of this infection is sometimes uncertain, and as much as 50% of episodes of enterococcal bacteremia are considered clinically insignificant, which suggests that the episodes of bacteremia were transient or that the blood cultures had been contaminated. Beezhold and coinvestigators from Rush Medical College and Cook County Hospital in Chicago conducted a study to assess the prevalence of skin and rectal colonization by van-

comycin-resistant enterococci (VRE) among hospitalized bacteremic patients and to determine the relation between colonization and bacteremia due to VRE. Fourteen case patients from both institutions with VRE bacteremia seen between August 1994 and July 1995 were compared to 30 control patients who had bacteremia due to other bacterial pathogens. Rectal colonization and skin (inguinal area or antecubital fossa) colonization with VRE were common among both case patients (100% had rectal colonization, and 86% had skin colonization) and control patients (37% had rectal colonization and 23% skin colonization). Among patients with rectal colonization, skin colonization

was more common when diarrhea or fecal incontinence was present. The bloodstream cleared without appropriate antimicrobial therapy in 9 of the 14 patients with bacteremia due to VRE.

The authors concluded that the high prevalence of skin colonization with VRE may increase the risk of catheter-related sepsis, cross-infection, or blood culture contamination (which may explain the frequent spontaneous resolution of bacteremia due to VRE).

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