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Therapy approach and problems in treatment tularemic patients in Serbia

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Introduction: The first epidemic of tularemia in South-eastern Serbia happened in 1999. During 10 years period, from 1999. till 2008, there were hospitalized and treated 151 patients.

Aims: The purpose of the study was to analyse and determine the best therapy choices in patients suffered from tularemia.

Methods: Before hospitalization 16.5% were not treated, 58.8% were inadequately treated, 10.3% were adequately treated and 14.4% unknown. An average duration of disease before hospitalization was 35 days. Antibiotic monotherapy was administrated to 53 patients: gentamicin (27 patients), ciprofloxacin (11), amikacin (8), streptomycin (5) and doxycycline (2 patients). Combined (polyvalent or successive) antibiotic therapy was administrated to 98 patients: gentamicin and ciprofloxacin (66 patients), gentamicin and doxycycline (18), ciprofloxacin and doxycycline (2), gentamicin, ciprofloxacin and doxycycline (12 patients).

Results: The biggest success in treatment (75% cured) was remarked in patients after combination of gentamicin, ciprofloxacin and doxycycline, then combination of gentamicin and ciprofloxacin (71%), then monotherapy of gentamicin (68%) and combination of gentamicin and doxycycline (67% cured). In comparison to number of treated patients, the biggest success in treatment (71%) had combination of gentamicin and ciprofloxacin, then monotherapy of gentamicin (68%).

Outcome of medicamentous treatment: 92 patients (61%) of 151 were totally cured. The complications happened at 59 patients (39%): 1. abscessing of lymph nodes with or without fistulisation at 36 patients (23.84%), 2. relapse - 7 patients (4.63%), 3. both complications at 11 patients (11%). The relapses included repeated lymph node enlargement or intake more than one lymph nodes. Final outcome after conservative and radical treatment was total curing at 143 patients (94.7%) and residual persistent lymphadenopathy at 8 patients (5.3%).

Conclusion: Reasons for appearance of complications during therapy of tularemic patients are:

1. inadequately initial antibiotic treatment,
2. late onset of adequate antibiotic therapy as well as possible appearance of resistant species of *F. tularensis* in the region of South-eastern Serbia.

We can conclude that early, forehand treatment restrains the colliquation of lymph nodes, recurrence of disease and dissemination of infection. Therefore, the early diagnosis and treatment are crucial for prevention of complication appearance and complete curing.