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V Bratislave, dňa: 4. 7. 2024

Prihláška do výberového konania

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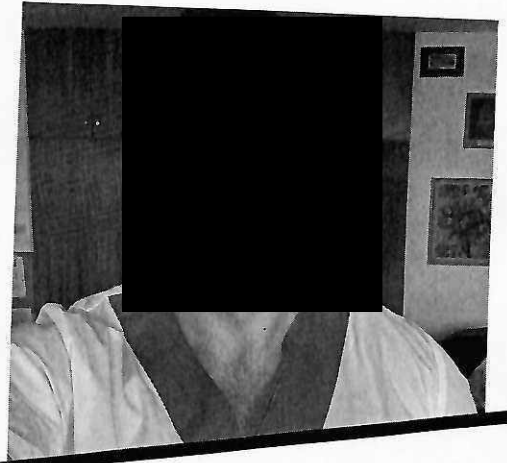

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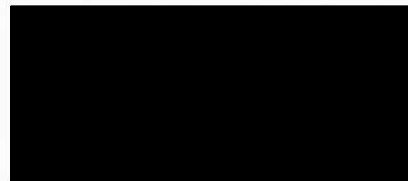
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Anti-SARS-CoV-2 Antibody Status at the Time of Hospital Admission and the Prognosis of Patients with COVID-19: A Prospective Observational Study.

Jurenka J, Nagyová A, Dababseh M, Mihalov P, Stankovič I, Boža V, Kravec M, Palkovič M, Čaprnda M, Sabaka P. Infect Dis Rep. 2022 Dec 11;14(6):1004-1016. doi: 10.3390/idr14060100. PMID: 36547246 Free PMC article.

Delayed Antibody Response in the Acute Phase of Infection Is Associated with a Lower Mental Component of Quality of Life in Survivors of Severe and Critical COVID-19.

Dababseh MMO, Sabaka P, Duraniková O, Horváthová S, Valkovič P, Straka I, Nagyová A, Boža V, Kravec M, Jurenka J, Koščálová A, Mihalov P, Marešová E, Bendžala M, Kušnírová A, Stankovič I. J Clin Med. 2024 Mar 27;13(7):1938. doi: 10.3390/jcm13071938. PMID: 38610703 Free PMC article.

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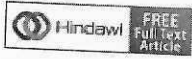


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Can J Infect Dis Med Microbiol. 2023 Sep 14;2023:4951273. doi: 10.1155/2023/4951273.
eCollection 2023.

Antimicrobial Therapy as a Risk Factor of Multidrug-Resistant *Acinetobacter* Infection in COVID-19 Patients Admitted to the Intensive Care Unit

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Affiliations

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Abstract

Background: Multidrug-resistant *Acinetobacter* (MDR-Ab) is one of the most important pathogens causing superinfections in COVID-19 patients hospitalised in the intensive care unit (ICU). The occurrence of MDR-Ab superinfection significantly impairs the prognosis of patients in the ICU. Overuse of antibiotics in COVID-19 patients might contribute to the risk of developing MDR-Ab infection.

Objective: The objective was to assess the role of prior antibiotic exposure as an independent predictor of MDR-Ab infection in COVID-19 patients admitted to the ICU.

Methods: We conducted a retrospective cohort study in 90 patients admitted to the ICU of the Department of Infectology and Geographical Medicine, University Hospital in Bratislava, for respiratory failure due to COVID-19 between 1 September 2021 and 31 January 2022 (delta variant predominance). Patients underwent regular microbial screening. Superinfection was defined as infection occurring ≥ 48 h after admission. We assessed the role of prior antibiotic exposure and other factors as independent predictors of MDR-Ab isolation.

Results: Fifty-eight male and 32 female patients were included in the analysis. Multidrug-resistant bacteria were cultured in 43 patients (47.8%), and MDR-Ab was isolated in 37 patients. Thirty-three (36.7%) patients had superinfection caused by MDR-Ab. Fifty-four (60%) patients were exposed to antibiotics prior to MDR-Ab isolation; of those, 35 (64.8%) patients received ceftriaxone. Prior exposure to ceftriaxone (odds ratio (OR) 4.1; 95% confidence interval (CI) 1.4-11.9; $P < 0.05$), tocilizumab therapy (OR 4.7; 95% CI 1.3-15.0; $P < 0.05$), and ICU length of stay exceeding 11 days (OR 3.7; 95% CI 1.3-10.3; $P < 0.05$) were independent predictors of MDR-Ab infection.

Conclusions: Prior exposure to ceftriaxone increases the risk of MDR-Ab infection in COVID-19 patients admitted to the ICU. Our findings suggest that antibiotic use in COVID-19 patients admitted to the ICU should be restricted to patients with documented bacterial superinfection.

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