

The end point of this investigation was *S aureus* on the wound wall; surgical-site infection as an end point would be preferable but would have required too large of a study population to accomplish the investigation in a single center.

In summary, bacterial air counts were reduced by the use of tightly woven reusable special scrub suits, as were the number of operations in which *S aureus* were recovered from the air. By use of PFGE, it was possible to identify two cases of probable airborne transmission of *S aureus* when wearing conventional scrub suits, whereas no such case was found when wearing special scrub suits. Neither skin carriage of *S aureus* nor exposure to *S aureus* in the air were risk factors for recovery of *S aureus* on the wound wall at the end of the operation. When exposed to airborne *S aureus*, the concomitant sternal carriage of *S aureus* was a risk factor for having *S aureus* on the wound wall. This shows the importance of careful preoperative disinfection of the patient's skin.

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## Intra-abdominal VRE Infections: The New Threat

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Poduval and coinvestigators from Our Lady of Mercy Medical Center, Bronx, New York, conducted a study to determine the clinical course and outcome in patients with intra-abdominal vancomycin-resistant *Enterococcus* infections (VRE-A) and to identify probable risk factors for VRE-A. The incidence of VRE in the abdominal surgery setting is increasing. A comparative study was performed on patients with VRE-A and VRE infection

in other sites (VRE-O) who were hospitalized for over 1 year.

Of 89 nine patients with VRE, 6 had VRE-A, 24 had VRE-O, and 59 had VRE colonization. The VRE-A group was comprised of 1 patient with an inoperable Klatskin tumor and biliary sepsis, one AIDS and an infected pancreatic pseudocyst, 2 with fecal peritonitis, and 2 with biliary sepsis after surgery for common bile duct stones. All 6 patients with VRE-A had recent surgery before VRE isolation, as compared with 3 in the VRE-O group. Despite adequate treatment with intravenous chloramphenicol, resulting in

eradication of VRE in all 6 VRE-A cases, the mortality rate remained high at 50%.

The authors conclude that VRE should be recognized as an emerging nosocomial pathogen that causes potentially fatal intra-abdominal infections in the postsurgical setting. The impact of treatment on ultimate outcome needs further evaluation.

FROM: Poduval RD, Kamath RP, Corpuz M, Norkus EP, Pitchumoni CS. Intraabdominal vancomycin-resistant *Enterococcus* infections: the new threat. *J Clin Gastroenterol* 2001;32:333-335.