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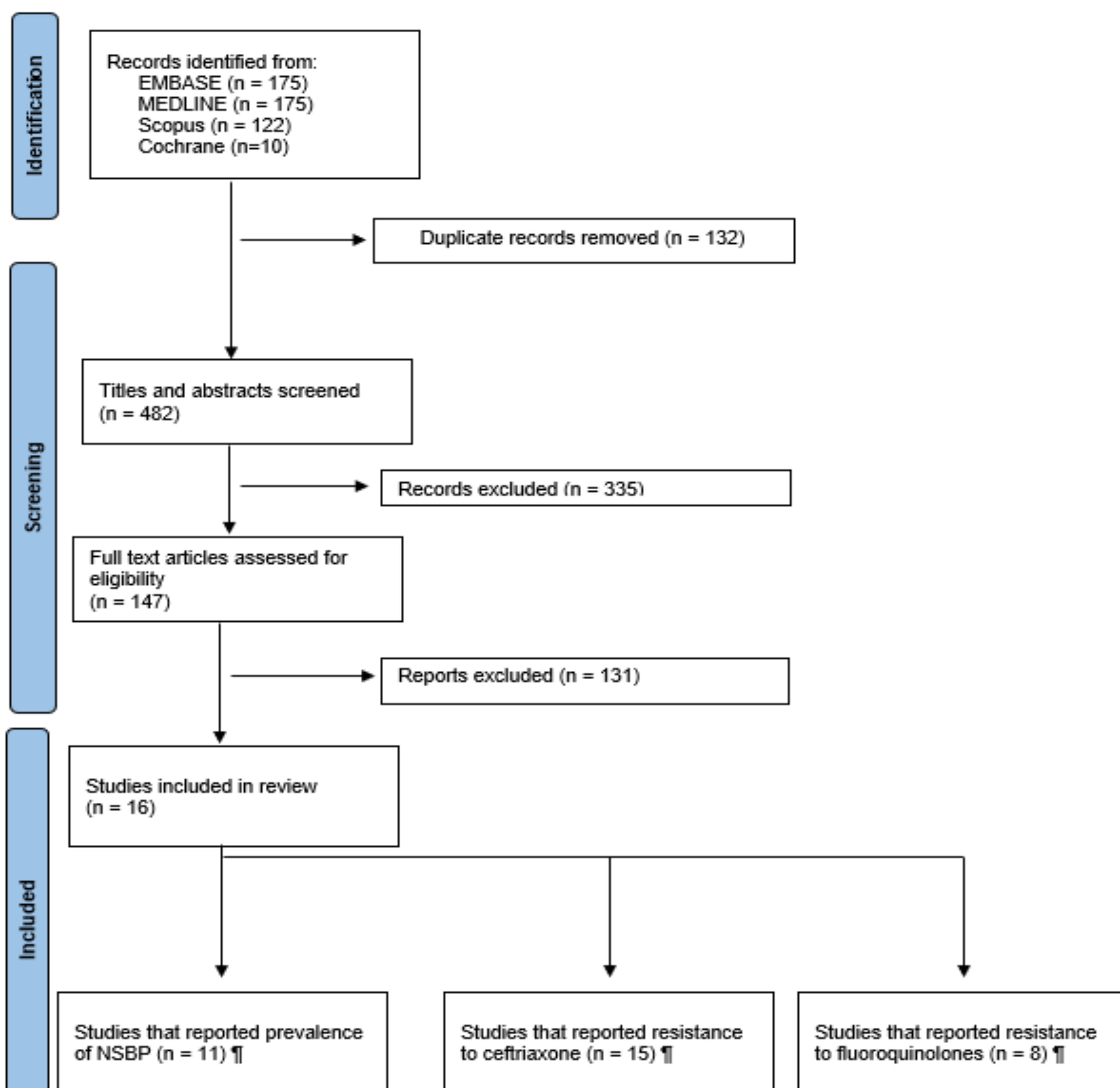
## Introduction

- Nosocomial Spontaneous Bacterial Peritonitis (NSBP) incidence has been on the rise due to frequent hospitalizations in the cirrhotic population along with rampant antibiotics use
- There has been a shift in the bacterial spectrum including resistance profile with emergence of Multi Drug Resistant Organisms
- The incidence of NSBP has not been studied
- Furthermore, the rate of resistance to first-line agents in management of SBP is not well reported in NSBP
- Thus, we conducted a systematic review and meta-analysis of available literature.

## Methods

- We conducted a comprehensive literature review of MEDLINE, EMBASE, Cochrane, and Scopus databases
- Studies included in the systematic review met the following inclusion criteria: adult patients, age >18 years, with a diagnosis of NSBP
- NSBP was diagnosed as SBP diagnosed after at least 48 hours of hospitalization
- Exclusion criteria: Manuscripts with <5 patients, no report of prevalence of NSBP or the incidence of MDRO in NSBP
- Pooled estimates were calculated following the restricted maximum likelihood method using random effects model. Heterogeneity was reported as I<sup>2</sup>

Figure 1. Flowchart of identifying relevant articles



## Results

Table 1. Study characteristics

| Study (Year)             | Age (years) | Number of patients with cirrhosis | Number of patients with NSBP | Number of patients resistant to third generation cephalosporins | Number of patients resistant to Fluoroquinolones |
|--------------------------|-------------|-----------------------------------|------------------------------|---|--|
| Friedrich et al (2015)   | 57          | 311                               | 218                          | Not specified (NS)  | NS   |
| Salerno et al (2016)     | NS          | 308                               | 24                           | NS  | NS   |
| Shultablers et al (2020) | 56±11       | 514                               | 127                          | NS  | NS   |
| Balaraju et al (2017)    | 48.4±14     | 706                               | 21                           | NS  | NS   |
| Jain et al (2019)        | 48 (29-71)  | 870                               | 19                           | NS  | NS   |
| Kim et al (2012)         | 50.1±9.4    | 130                               | 19                           | 1   | NS   |
| Kimmann et al (2018)     | 56 (49-63)  | 1011                              | 203                          | NS  | NS   |
| Song et al (2006)        | 58 (8.7)    | 106                               | 32                           | 14  | 8  |
| Lan Juan Li et al (2015) | 55 (23-79)  | 6086                              | 65                           | 11  | 19   |
| Elshamy et al (2022)     | 45 (30-80)  | NS                                | 68                           | 13  | 12   |
| Lutz et al (2016)        | 59 (51-69)  | NS                                | 63                           | 9   | 14   |
| Bert et al (2003)        | 50 (26-80)  | NS                                | 53                           | 13  | 22   |
| Ding et al (2019)        | 56.3±10.3   | NS                                | 155                          | 27  | 23   |
| Chon et al (2014)        | NS          | NS                                | NS                           | NS  | NS   |
| Piroth et al (2014)      | NS          | 1659                              | NS                           | 72  | 62   |

- Figure 1 shows the flowchart of identifying relevant articles
- Table 1 summarizes the study characteristics
- The pooled incidence of NSBP was 9.45% [95% confidence interval (CI) 3.82-21.49%; I<sup>2</sup> 99.40%] (Figure 2)
- The pooled clinical success rate was 82.32% (95% CI 74.90-87.89%, I<sup>2</sup> 0)
- The pooled incidence of resistance to ceftriaxone was 27.72% (95% CI 2.13-35.26%; I<sup>2</sup> 84.52%)
- The pooled incidence of resistance to fluoroquinolones was 24.71% (95% CI 18.19-32.64%; I<sup>2</sup> 80.25%)

## Discussion

- The incidence of NSBP in patients with cirrhosis is relatively high
- The rates of bacterial resistance to the first-line anti-microbial agents used to treat SBP (i.e., ceftriaxone/fluoroquinolones) is exceptionally high in this patient population
- Thus, in patients with NSBP who fail to improve, providers should have a high level of suspicion for drug-resistance being a contributing factor
- Furthermore, the high resistance rates to fluoroquinolones in NSBP should be taken into consideration when placing this patient population on secondary prophylaxis.

Figure 2. Prevalence of NSBP

