

36<sup>th</sup> Euro Global Summit and Expo on **Vaccines & Vaccination**  
&  
6<sup>th</sup> World Congress and Exhibition on **Antibiotics and Antibiotic Resistance**  
June 03-04, 2019 London, UK

## Fosfomycin treatment during pregnancy

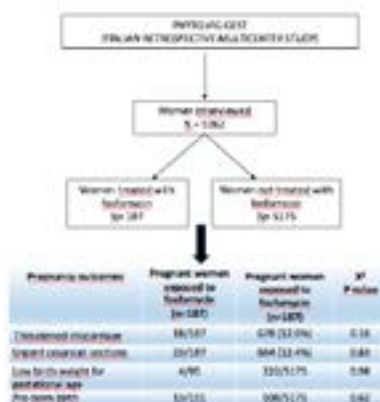
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Urinary tract infection (UTI) is defined as a common bacterial infection that can lead to significant morbidity such as stricture, fistula, abscess formation, bacteraemia, sepsis, pyelonephritis and kidney dysfunction with a reported mortality rates of 1% in men and 3% in women because of development of pyelonephritis. UTIs are more common in women and the 33% of them requires antimicrobials treatment for at least 1 episode by the age of 24 years. UTIs are the most common infections observed during pregnancy and up to 30% of mothers with not treated asymptomatic bacteriuria may develop acute pyelonephritis which consequently can be associated to adverse maternal and fetal outcomes. All bacteriuria in pregnancy should be treated with antimicrobial treatments being safe for both the mother and the fetus. Approximately one every four women receives prescription of antibiotic treatment during pregnancy. Use of fosfomycin to treat cystitis in pregnancy is generally considered safe and for the fetus and mothers, even though this opinion is not based on specific studies monitoring the relationship of between urinary infections, consumption of antibiotics and pregnancy outcomes. On this basis we analyzed data from the database of a multicenter study PHYTOVIGGEST, reporting data from 5362 pregnancies, focusing on use of fosfomycin. Principal outcomes of pregnancy in women treated with fosfomycin were taken in consideration. Women who have been treated with urinary antibiotics during the pregnancy were 187 (3.49%). Analysis of different outcomes of pregnancy such as gestational age, neonatal weight and neonatal Apgar index did not show any significant difference. At the same time analysis of data of pregnancy complications (such as, urgent cesarean delivery, use of general anesthesia, need to induce labour) did not show any difference in women taking fosfomycin during pregnancy and those not taking it. Our data, confirm the safety use of fosfomycin use in pregnancy.



## Recent Publications

1. Lee JH, Lee YM, Cho JH. Risk factors of septic shock in bacteremic acute pyelonephritis patients admitted to an ER. J Infect Chemother 2012;18:130-3.
2. Kumar S, Dave A, Wolf B, Lerma EV. Urinary tract infections. Dis Mon. 2015; 61(2):45-59.

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3. Foxman B. Epidemiology of urinary tract infections: incidence, morbidity, and economic costs. *Dis Mon*, 2003; 49(2):53–70.
4. Foxman, B. The epidemiology of urinary tract infection. *Nat. Rev. Urol.* 2010;7:653–660.
5. Heikkila AM. Antibiotics in pregnancy—a prospective cohort study on the policy of antibiotic prescription. *Ann Med* 1993; 5:467–71.
6. Smaill FM, Vazquez JC. Antibiotics for asymptomatic bacteriuria in pregnancy. *Cochrane Database Syst Rev.* 2015 Aug 7; 8:CD000490. doi:10.1002/14651858.CD000490.pub3

### Biography

Carmen Mannucci is a Post-doc in Pharmacology at the Department of Biomedical and Dental Sciences and Morphofunctional Imaging, University of Messina, Italy. His area of expertise are: Pharmacology, toxicology, pharmacology and toxicology of herbal medicine, food supplements and nutraceuticals.

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