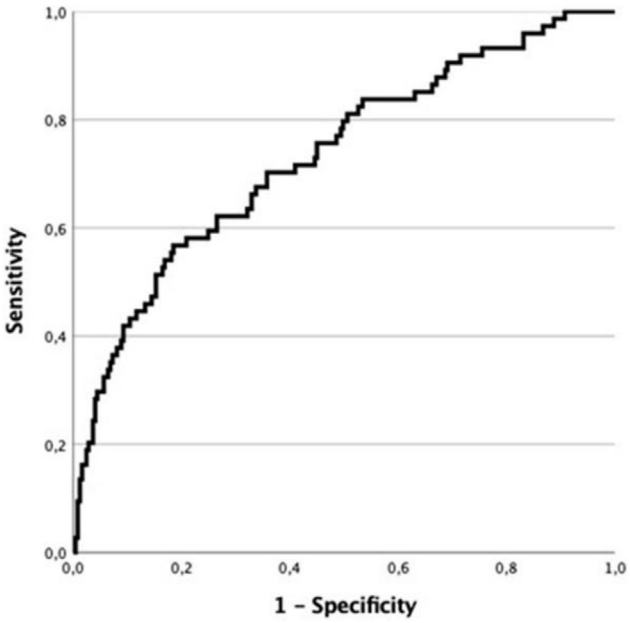

Figure 2: FIB-4 AUROC for Advanced Fibrosis (F3) in individuals with age equal or higher than 65 years old: 0.73 (0.66- 0.80); p 0.001 (n=323)

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#105 - RIFAXIMIN AND ANTIMICROBIAL RESISTANCE IN ENTEROCOCCI IN PATIENTS WITH CIRRHOSIS: ANALYSIS OF THE LATIN AMERICAN SURVEILLANCE REGISTRY

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Introduction and Objectives: Rifaximin could favor selection of clinically relevant antimicrobial resistance phenotypes, particularly in enterococci. To evaluate, in patients with cirrhosis and bacterial infection, the association between rifaximin use at infection diagnosis and vancomycin-resistant enterococci (VRE) and multidrug resistance (MDR).

Materials and Methods: Cross-sectional study using the Latin American Registry of Bacterial Infections in Patients with Cirrhosis (ClinicalTrials.gov: NCT03919032). Bacterial isolates from culture-positive infections in adults with cirrhosis were included. VRE was assessed using two complementary approaches: within the enterococcal subgroup and across all isolates.

Results: We included 1061 bacterial isolates from 758 patients; 394 (37.1%) were from patients receiving rifaximin. There were 113 *Enterococcus spp.* isolates and 48 *Enterococcus faecium* isolates. Within enterococcal isolates, VRE frequency was similar in *Enterococcus spp.* (26.7% vs 29.5%; RR 1.11, 95% CI 0.59–2.08) and *Enterococcus faecium* (61.5% vs 55.0%; RR 0.89, 95% CI 0.54–1.48). Across all isolates, VRE frequencies were 2.6% vs 3.3% for *Enterococcus spp.* (RR 1.26, 95% CI 0.61–2.62) and 2.6% vs 2.8% for *Enterococcus faecium* (RR 1.07, 95% CI 0.50–2.30). MDR frequencies were 38.5% vs 43.0% (RR 1.12, 95% CI 0.94–1.33). No daptomycin- or linezolid-resistant enterococci were observed (Table 1).

Conclusions: No clear association was observed between rifaximin use and vancomycin resistance or multidrug resistance. These findings provide some reassurance regarding the enterococcal phenotypes of greatest relevance, although rifaximin should continue to be used prudently.

Conflict of interest: None

Table 1. Vancomycin-resistant enterococci (VRE) and multidrug resistance (MDR) according to rifaximin exposure, using enterococcal-subgroup and all-isolate approaches

Analytical approach	Outcome	Without rifaximin	With rifaximin	Crude RR (95% CI)	Crude OR (95% CI)
Enterococcus spp. subgroup (n=104)	VRE spp.	16/60 (26.7%)	13/44 (29.5%)	1.11 (0.59–2.08)	1.15 (0.48–2.77)
Enterococcus faecium subgroup (n=46)	VRE *faecium*	16/26 (61.5%)	11/20 (55.0%)	0.89 (0.54–1.48)	0.76 (0.23–2.56)
All isolates (n=1007)	VRE spp.	16/613 (2.61%)	13/394 (3.30%)	1.26 (0.61–2.62)	1.27 (0.60–2.70)
All isolates (n=1007)	VRE *faecium*	16/613 (2.61%)	11/394 (2.79%)	1.07 (0.50–2.30)	1.07 (0.49–2.35)
All isolates (n=963)	MDR	224/582 (38.5%)	164/381 (43.0%)	1.12 (0.94–1.33)	1.21 (0.90–1.62)

In each cell, the number of events is shown relative to the total number of isolates with available information for the corresponding outcome and rifaximin use. Therefore, denominators differ across rows. In the enterococcal-subgroup rows, "VRE spp." and "VRE faecium" refer to vancomycin-resistant *Enterococcus spp.* and vancomycin-resistant *Enterococcus faecium* within the corresponding enterococcal subgroup. In the all-isolates rows, they refer to vancomycin-resistant *Enterococcus spp.* and vancomycin-resistant *Enterococcus faecium* among all isolates. The 95% confidence intervals were estimated using patient-clustered robust variance, since the same patient could contribute more than one bacterial isolate.

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