(cSSSI), and community acquired pneumonia (CAP). However, the most specific aspect of the drug is that it is a beta-lactam with activity against methicillin resistant *Staphylococcus aureus* (MRSA). These characteristics mean that a large part of its use in clinical practice is in off-label indications.

Aim and objectives To determine the use of ceftaroline in the clinical practice of a third level hospital, and its effectiveness and safety.

Material and methods An observational retrospective study was conducted that included all patients treated with ceftaroline in the hospital from May 2016 to September 2020. Variables studied were: age, sex, indication, dose, microorganism, clinical and microbiological cure, and adverse effects.

Results 57 patients received treatment with ceftaroline, 75.4% men, with a median age of 69 years (28–89). In 11/57 patients it was used as empirical treatment (for suspected multiresistant germ) and in 46/57 as directed treatment, for the following indications: 13 bacteraemia, 14 endocarditis (with bacteraemia), 15 pneumonia (11 with bacteraemia, 1 with CNS infection and 2 with cSSSI), 2 cSSSI and 2 CNS infection. Infections were caused by MRSA in 23/46 patients, 15/46 by methicillin resistant coagulase negative *Staphylococcus*, 5/46 methicillin sensitive *Staphylococcus aureus* (MSAS), 2/46 *Streptococcus pneumoniae* and in 1 patient due to MSAS and *Streptococcus pneumoniae*. Methicillin resistant microorganisms caused the infections in 38/46 patients. The median duration of treatment was 7 days (1–42). Posology: 600 mg/8 hours was used in bacteraemia, endocarditis and in CNS infection, and 600 mg/12 hours in cSSSI. The regimen used in pneumonia was 600 mg/12 hours in 6/15 patients and 600 mg/8 hours in 9/15 patients (8 of whom had bacteraemia and one had concomitant CNS infection). The dosage used in the empirical treatment was 600 mg/12 hours in eight patients and 600 mg/8 hours in three. In six patients it was adjusted for renal function. 78.7% of the patients presented with clinical resolution (82.9% microbiological). Thrombopenia was detected in two patients, probably associated with treatment with the drug.

Conclusion and relevance Our results suggested that ceftaroline was effective in severe cases of methicillin resistant gram positive infections. In most cases, ceftaroline was used for off-label indications. In these cases, higher dosages are being recommended, which are usually prolonged in time, so it is advisable to evaluate the profile of adverse effects.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-256 HEPATITIS C RETREATMENT OF A PATIENT WHO FAILED MULTIPLE TREATMENTS INCLUDING PROTEASE INHIBITOR AND NON-STRUCTURAL PROTEIN 5A INHIBITORS: A CASE REPORT

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Background and importance It is well documented that direct acting antiviral (DAA) combinations in the treatment of hepatitis C virus (HCV) achieve high rates of sustained virologic response. However, studies on retreatment options for patients

who have failed several DAA treatment regimens that include non-structural protein 5A (NS5A) inhibitors remain scarce.

Aim and objectives To assess the efficacy of glecaprevir/pibrentasvir plus sofosbuvir and ribavirin for 12 weeks in genotype 1b patient with compensated cirrhosis who had virologic failure to multiple treatments including regimens containing NS5A inhibitors.

Material and methods A 50-year-old man failed multiple hepatitis C treatments, including peginterferon plus ribavirin (2003) for 9 months, sofosbuvir/ledipasvir plus ribavirin (2014) for 24 weeks, sofosbuvir/simeprevir plus ribavirin (2015) for 24 weeks and sofosbuvir/velpatasvir plus ribavirin (2018) for 24 weeks. Adherence to these treatments was correct according to the dispensing records. Headache, fatigue, anaemia, nausea and pruritus were reported with oral treatments, but drug withdrawal was not required. However, peginterferon was stopped due to anxiety and depression.

There are no specific algorithms to guide retreatment decisions. These must be guided by the drugs administered in previous treatment courses or, if resistance testing is performed, by probabilities of response according to the resistance profile and the treating team's experience. Resistance testing showed resistance to NS5A inhibitors: daclatasvir, elbasvir, ledipasvir, ombitasvir and velpatasvir, but not to pibrentasvir. The multidisciplinary team decided on a new treatment with glecaprevir/pibrentasvir plus sofosbuvir and ribavirin for 12 weeks and it was started in November 2019. Prior to treatment, drug interactions were checked. An undetectable HCV RNA level 12 weeks after completion of therapy (SVR12) defined treatment success.

Results Two potential drug interactions were detected: (1) gemfibrozil was discontinued because of the increased risk of gastrointestinal side effects; (2) due to the potential increase in carvedilol concentrations, close monitoring of heart rate and blood pressure was recommended. The patient achieved SVR12 with the fifth hepatitis C treatment with glecaprevir/pibrentasvir plus sofosbuvir and ribavirin for 12 weeks. The treatment was well tolerated, and adherence was correct.

Conclusion and relevance In this particularly difficult to cure cirrhotic patient previously exposed to NS5A inhibitors, the combination of glecaprevir/pibrentasvir plus sofosbuvir and ribavirin administered for 12 weeks achieved SVR12.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-257 RELEVANCE OF RITONAVIR INTERACTIONS IN HIV TREATMENTS THAT INVOLVE TREATMENT MODIFICATION

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Background and importance The protease inhibitor (PI)/enhancer combination, more than 20 years after its appearance, continues to be the antiretroviral therapy (ART) of choice in certain circumstances due to its high genetic barrier. Ritonavir (RTV) acts as an enhancer and has a higher potential for drug interactions.