4CPS-005 SUCCESSFUL TREATMENT OF OSTEOMYELITIS CAUSED BY DIFFICULT-TO-TREAT RESISTANT PSEUDOMONAS AERUGINOSA WITH CEFIDEROCOL AS MONOTHERAPY: A CASE REPORT

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Background and Importance Cefiderocol is a new siderophore cephalosporin which effectively penetrates the outer cell membrane of gram-negative bacteria. Although several studies have demonstrated the efficacy of cefiderocol in the treatment of severe infections caused by multidrug-resistant gram-negative bacilli, current information on efficacy in osteoarticular infection is scarce.

Aim and Objectives We aimed to report a case of difficult-to-treat resistant *Pseudomonas aeruginosa* osteomyelitis successfully treated with cefiderocol for 6 weeks.

Material and Methods This is a 64-year-old diabetic male patient who developed a *P. aeruginosa* osteomyelitis secondary to a surgical wound infection following a supracondylar amputation. It was treated with multiple surgical debridement and several antibiotic series (ciprofloxacin, piperacillin/tazobactam and meropenem). Despite this, cultures from surgical site continued to grow *P. aeruginosa* which became multidrug-resistant, (only it was susceptible to colistin, aminoglycosides, ceftolozane/tazobactam and cefiderocol). Ceftolozane/tazobactam distribution was temporarily stopped at this time and amputation of the lower limb was believed to be the only option remaining.

The patient was treated with cefiderocol as a monotherapy for 6 weeks (June-August 2021) at a tertiary hospital, at a dose of 2 g every 8 hours administered in a 3-hour infusion. In addition, four surgical debridements were performed during this time.

Results After 3 weeks of therapy with cefiderocol, the wound swab cultures were negative. The patient remained afebrile during and at the end of the antibiotic therapy. No drug-related adverse effects or infusion reactions were reported. There was no leukopenia, leucocytosis, or worsening renal function. The inflammatory marker values decreased until they normalised and the magnetic resonance improved considerably after 6 weeks of treatment.

Two-control magnetic resonance and blood tests were performed, at week 15 and 45. They showed no evidence of persistent or recurrent infection and no elevations of acute phase reactants. Furthermore, the patient was febrile, asymptomatic and pain-free.

Conclusion and Relevance This case adds more experience to the scarce literature on the use of cefiderocol in *P. aeruginosa* osteomyelitis.

Its success in the treatment of osteomyelitis suggests that this drug penetrates well in bone tissue and could be a good therapeutic option, in conjunction with surgical debridement.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

4CPS-006 COMPLETE CLINICAL RESPONSE IN METASTATIC BREAST CANCER AFTER FRONT-LINE TREATMENT WITH RIBOCICLIB/TAMOXIFEN

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Background and Importance Endocrine therapy with ovarian suppression or ablation is the standard first-line treatment for perimenopausal or premenopausal women with hormone receptor (HR) positive, HER2-negative, advanced breast cancer; however, endocrine therapy resistance and disease progression occur in most cases. Ribociclib is a selective, small molecule inhibitor of cyclin dependent kinases (CDKs) 4 and 6 has showed that alongside endocrine therapy can improve progression-free survival and achieve higher proportions of overall responses than endocrine therapy alone in premenopausal women with HR-positive, HER2-negative, advanced breast cancer.

Aim and Objectives We present the case of a woman patient diagnosed with stage-IV HR+/HER2- breast cancer (Ki67-25%) who achieved complete response to first-line ribociclib treatment.

Material and Methods This was an observational retrospective study of the use of ribociclib in a 60-year-woman diagnosed with HR+/HER2- metastatic breast cancer. Data were obtained of the electronic medical records.

Results The premenopausal 54-aged patient was diagnosed with HR+/HER2- (Ki67-10%) localised infiltrating ductal carcinoma of left breast (1.5cm-size tumour) in July/2015. She underwent tumorectomy and received adjuvant radiotherapy and five-year tamoxifen 20 mg treatment. In March 2021, she suffered from loss of strength of left upper limb. CT-scan revealed a mass in the left axillary region between pectoral region and first rib and hypermetabolic bone lesions in the trochanter of the left femur, compatible with bone metastases. HR+/HER2- breast cancer was confirmed by tumour biopsy. Ki67 expression was 25%. In June/2021, this premenopausal 60-year woman was treated with 3-monthly 10.8 mg goserelin, daily 20 mg tamoxifen and ribociclib 600 mg once daily for 21 consecutive days followed by 7 days off treatment, resulting in a complete cycle of 28 days. In September 2021, she achieved complete metabolic response of the lesions described in the axilla and bone, without current foci of neoplastic disease. In June 2022, the last CT-scan revealed absence of neoplastic disease, therefore, she continues with the same treatment without dose modifications or delays. Side effects: treatment was well tolerated; she underwent grade I haematological toxicity.

Conclusion and Relevance This case report documents an exceptional tumour response of a fast growing, locally advanced, bone metastatic HR+/HER2– de novo breast cancer treated by ribociclib/tamoxifen/goserelin combination therapy. Treatment success is long lasting with few side effects.

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Conflict of Interest No conflict of interest