Introduction:
Here, we present first real-life experience with IV fosfomycin in a subgroup of patients with cSSTI from an ongoing international study.

Methods:
Prospective, non-interventional and monitored European multicenter study (FORTRESS; NCT02979951). The primary objective is clinical success, defined as clinical cure or improvement incl. microbiological cure at end of fosfomycin treatment. cSSTI was defined according to common definitions (US, EU).

Results:
Twenty-four of 245 currently (Jan 20) enrolled patients with severe infections had cSSTI (11 female, 13 male; mean age 58y), of which 17 (71%) were treated in intensive care. Fourteen (58%) patients had at least one additional risk factor for cSSTI. Ten (42%) patients had sepsis or septic shock at baseline. Fourteen patients (58%) had surgical site infections, 18 (75%) non-necrotising cSSTI, thereof 14 (78%) with abscess formation, and four (17%) necrotising cSSTI (fasciitis, cellulitis/severe phlegmon, abscess). Twenty cases (83%) of cSSTI were considered as acute and four (17%) as chronic infections. Eighteen (75%) infections were microbiologically confirmed. Causative pathogens were mostly staphylococci (15/24 patients; 63%), particularly methicillin-sensitive S. aureus (n=10/24 patients; 42%), E. faecium (1/24 patients; 4%), streptococci (n=5/24 patients; 21%), and Gram-negative species (n=12/24 patients; 50%). IV fosfomycin was used in a dose of 14 g/day (median) for a mean duration of 20 days, often in combination with carbapenems, penicillins or cephalosporins. Clinical success was reported in 19/24 (79%) patients, in 12/15 (80%) patients with abscess involvement, and in 8/10 (80%) patients with concomitant sepsis or septic shock. Fifteen adverse events were considered being related to fosfomycin treatment.

Conclusion:
These interim data from clinical practice emphasise that IV fosfomycin is a useful combination partner for treatment of cSSTI even in life-threatening cases.