

recovered over a period of 5 years at a southern California university hospital found only 1 VISA strain and no VRSA strains. However, there was a significant drift toward reduced susceptibility, with an increase in the percentage of isolates (from 19.9% in 2000 to 70.4% in 2004) with a MIC equal to 1.0 mg/mL.” The first result doesn’t support the hypothesis that, over time, the antibiotic/vancomycin resistance will increase in the bacteria over time and the MICs as a result should increase as less bacteria is broken down, as it states there is no MIC creep/increasing vancomycin resistance. However, the other two studies do support this hypothesis, the studies in New York, Texas and Massachusetts, “have shown subtle but significant increases in vancomycin MICs in both MRSA”, and the evaluation at the California university hospital states, “there was a significant drift toward reduced susceptibility, with an increase in the percentage of isolates (from 19.9% in 2000 to 70.4% in 2004) with a MIC equal to 1.0 mg/mL.” Once again, this result is similar to earlier ones; the previous study mentioned also states that vancomycin MICs have increased. The apparent disparity between the results collected from the SENTRY database as opposed to later studies is an example of controversy between earlier and later findings. While the studies conducted later have probably yielded valid results, this does not mean to say the SENTRY study has not, as the MRSA isolates may not have developed resistance yet or the particular strains collected may not have developed resistance. Since the study conducted at the California hospital was larger, it would appear that it would also be more accurate.

Preview from Notesale.co.uk
Page 4 of 4