

It's Time To Try Colistin:

Exploring the use of inhaled colistin in pseudomonas-resistant bronchiectasis

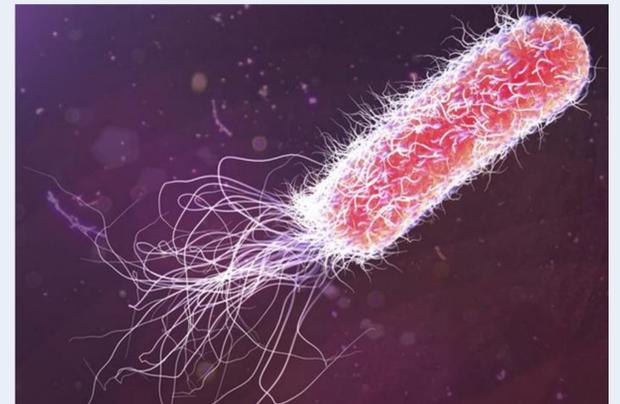
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Objective

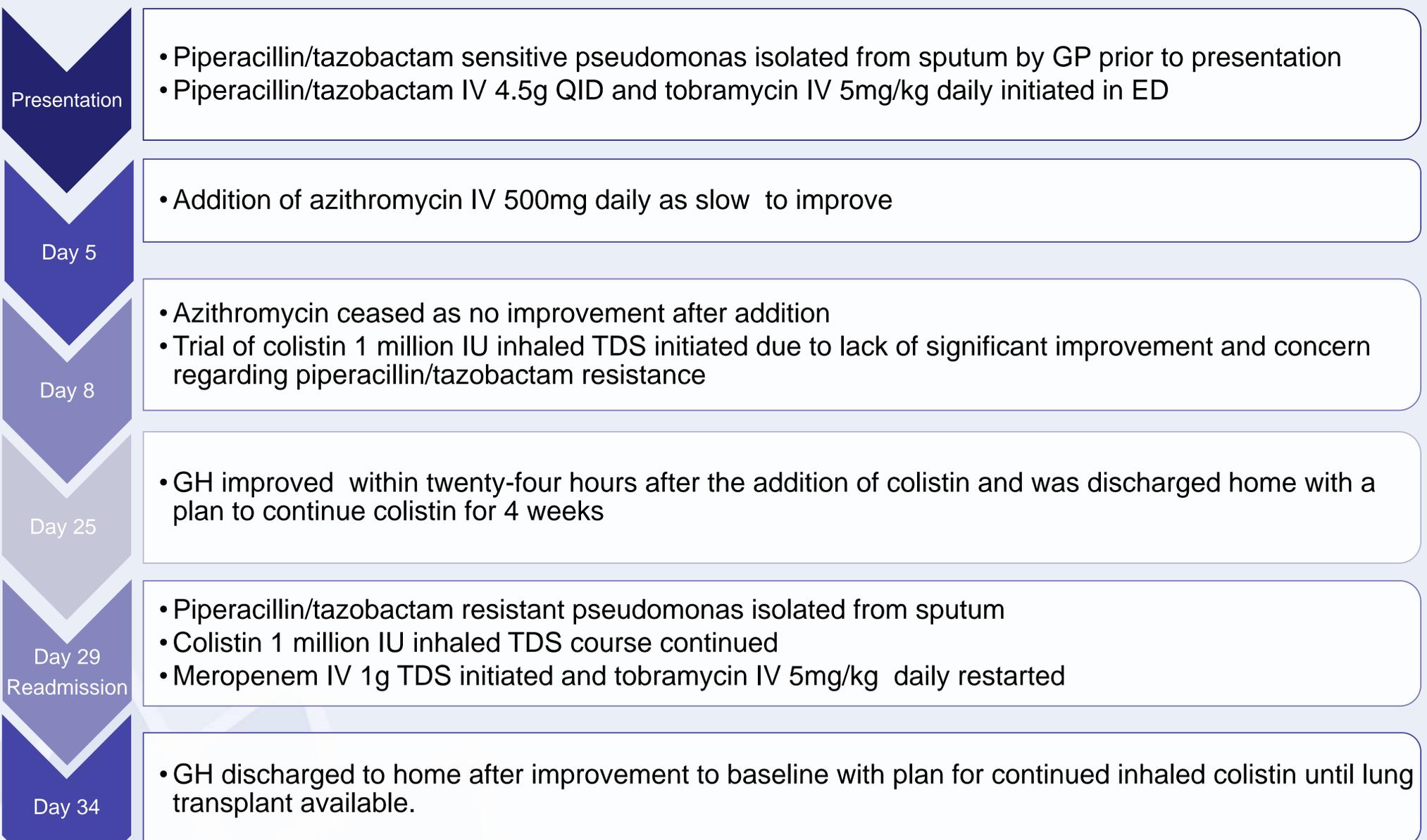
To explore the use of inhaled colistin in pseudomonas-resistant bronchiectasis as demonstrated through a case study.

Clinical Features

GH, a 57-year-old female presented to the Emergency Department with increased purulent sputum production and worsening shortness of breath. GH was afebrile with crackles and decreased air-entry bilaterally. GH is an ex-smoker with a background of COPD and bronchiectasis with known pseudomonas colonisation. GH has had ten similar admissions in the preceding 18-months.



Interventions and Outcomes



Discussion

Colistin is a polymyxin antibiotic with bactericidal activity against gram-negative bacteria and is reserved as a last line agent for resistant bacteria. Inhaled colistin has been studied and is approved for use in pseudomonas-colonised cystic fibrosis patients. However, this case has demonstrated its successful use in pseudomonas-colonised bronchiectasis.

Conclusion

As demonstrated in this case, inhaled-colistin may have a place in the treatment of refractory bronchiectasis caused by resistant-pseudomonas. Small trials have shown benefit in reducing exacerbations requiring hospitalisation, bacterial sputum density and improved quality-of-life. As we are moving towards a post-antibiotic era, the time has come to consider our last-line agents such as colistin.



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