

Table VII. Antimicrobial Agents for the Treatment of Enterococcal Infections

FIRST LINE AGENTS
Ampicillin or penicillin G or vancomycin +/- Gentamicin or streptomycin
ALTERNATIVE AGENTS
Linezolid Daptomycin Quinupristin-dalfopristin Tigecycline Lypoglycopeptides

- Treatment options for enterococcal infections depend on several factors such as the location and the severity of the infection, the enterococcal species, and the pattern of antibiotic resistance.
- Most enterococcal infections can be treated with a cell-wall active compound such as ampicillin, penicillin G, or vancomycin. For endocarditis or other serious enterococcal infection the addition of gentamicin or streptomycin is recommended to get a synergistic effect and bactericidal activity.
- The usual schedules for adults are: ampicillin 6-12 g per day (divided in 4-6 doses); penicillin G 18-30 million units per day (continuously or divided in 6 doses); vancomycin 30 mg/Kg/day (divided in 2 doses); gentamicin 3 mg/Kg/day (divided in 3 doses); streptomycin 15 mg/Kg/day (divided in 2 doses).
- For cases with multiple antibiotic resistance enterococci such as *E. faecium* with high level resistance to ampicillin and vancomycin other alternative agents can be used. However, little experience exists with these agents and several of them have not the FDA approval yet.
- The usual schedules for adults are: linezolid 1200 mg per day (divided in 2 doses); Daptomycin 4 mg/Kg/ day (usual doses) and 8-12 mg/Kg/day (high doses); tigecycline 100 mg (loading dose) and 50 mg/12 hrs (maintenance dose); and quinupristin-dalfopristin 22.5 mg/Kg/day (divided in 3 doses).