

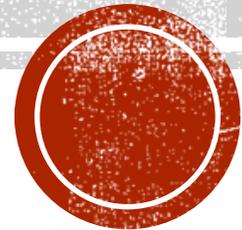
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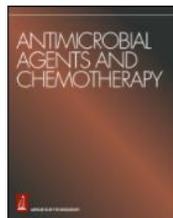
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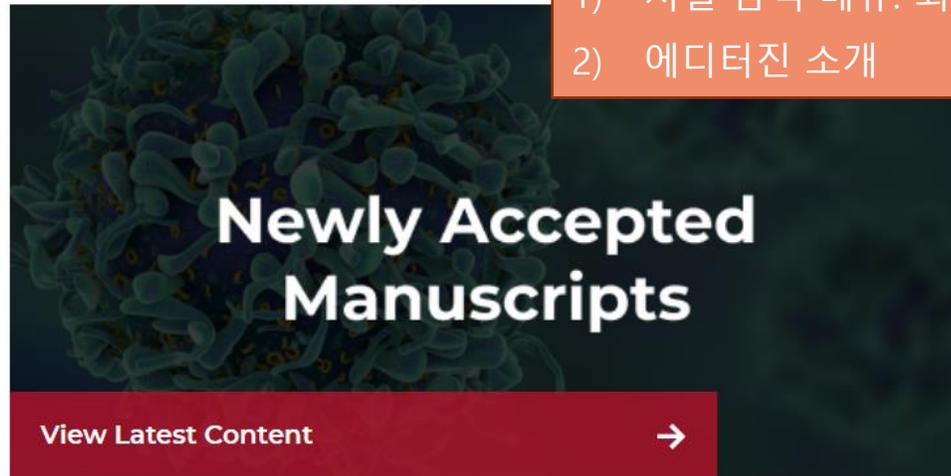
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Cesar A. Arias is Professor of Medicine, Microbiology and Molecular Genetics and holds the Margaret and Herbert Dupont Chair in Infectious Diseases at the University of Texas Health Science Center at Houston. He is the director and founder of the Center of Antimicrobial Resistance and Microbial Genomics (CARMiG) at McGovern Medical School and the director of the Center for Infectious Diseases at the School of Public Health.

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1 Current Issue

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Editorial



Editorial

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Commentaries



Editorial

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- 1) 최신 이슈 및 수록 아티클 리스트
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- 4) 아티클명 클릭 후 아티클 상세페이지 이동

We highlight features associated with bacteriophage therapy that make it an attractive treatment option for multidrug-resistant infections and also discuss some of the challenges that need to be considered in the design and execution of clinical trials directed at evaluating the efficacy of bacteriophage therapy in humans.

Saima Aslam, Robert T. Schooley



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Editor's Pick Commentary

No Amikacin, No Problem: a Successful Treatment Approach for Pediatric Otomastoiditis Due to Amikacin-Resistant *Mycobacterium abscessus*

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Antimicrobial Agents and Chemotherapy[®] (AAC) features interdisciplinary studies that build our understanding of the underlying mechanisms and therapeutic applications of antimicrobial and antiparasitic agents and chemotherapy.

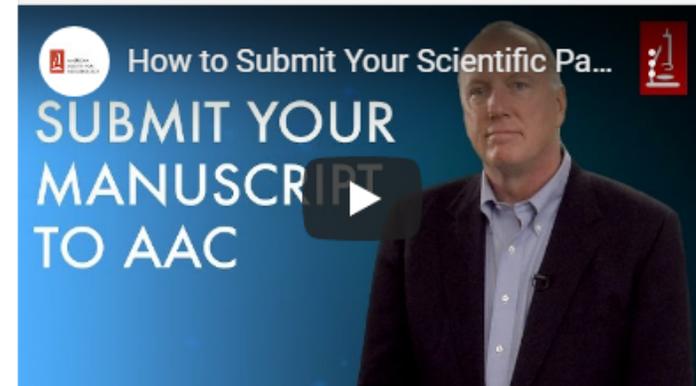
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Editor's Pick Challenging Clinical Case in Antimicrobial Resistance

Meropenem-Vaborbactam as Salvage Therapy for Ceftazidime-Avibactam-Resistant *Klebsiella pneumoniae* Bacteremia and Abscess in a Liver Transplant Recipient

Vasilios Athans, Elizabeth A. Neuner, Habiba Hassouna, Sandra S. Richter, George Keller, Mariana Castanheira, Kyle D. Brizendine, Amy J. Mathers

DOI: 10.1128/AAC.01551-18



1

Article

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ABSTRACT

We report a case of a 24-year-old liver transplant recipient who developed hepatic artery thrombosis and graft failure, which was complicated by subphrenic abscess and persistent *Klebsiella pneumoniae* carbapenemase (KPC)-producing *K. pneumoniae* bacteremia. Ceftazidime-avibactam treatment led to emergence of resistance, and alternative combination therapy failed due to persistent infection and toxicity. The infection resolved after initiation of meropenem-vaborbactam, which created a bridge to retransplantation. Treatment-emergent ceftazidime-avibactam resistance was resolved after initiation of meropenem-vaborbactam.

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