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References

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Acute Hearing Loss and Rickettsial Diseases

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Relationship of Colonization with Vancomycin-Resistant Enterococci and Risk of Systemic Infection in Patients with Cancer

To the Editor—We read with great interest the article by McNeil et al. [1] regarding vancomycin-resistant enterococci (VRE) colonization and infection in patients undergoing liver transplantation. These organisms are also significant pathogens in patients with an underlying malignancy, accounting for substantial morbidity and mortality among this population [2]. We have conducted a similar study involving patients with hematological malignancies and hematopoietic stem cell transplant (HSCT) recipients at our institution, a National Cancer Institute–designated comprehensive cancer center. For such patients, 3 weekly rectal swab samples are routinely obtained to detect fecal colonization with VRE, while maintaining contact isolation [3]. We collected data on fecal colonization with VRE and subsequent infections over a 1-year period in hospitalized patients with leukemia, lymphoma, and receipt of HSCT. We describe our findings below.

A total of 2115 patients were screened. VRE colonization was documented in 99 (4.7%) of the patients, with VRE colonization in 56 (5.9%) of 955 leukemia patients, 32 (4.9%) of 653 HSCT recipients, and 11 (2.2%) of 507 lymphoma patients. The most common species isolated was Enterococcus faecium (84% of isolates), with 6% of isolates being Enterococcus faecalis, and 10% being other species (Enterococcus avium, Enterococcus durans, Enterococcus casseliflavus, and Enterococcus gallinarum). Among 99 patients with VRE colonization, 29% developed an episode of bloodstream infection (table 1). Of interest, only 2 patients with leukemia with VRE bacteremia during the study period did not have fecal VRE colonization. Fecal colonization with VRE had a high negative predictive value (99.9%) and a 29.3% positive predictive value for the development of VRE bloodstream infection. Other sites of infection included the urinary tract (28 episodes) and surgical wounds (4 episodes); all episodes occurred in patients with VRE colonization. VRE that were iso-