

Curbside Consultations -

“Medications I Wish My Patients Weren’t  
On”

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elsewhere)

So.....what do the following scenarios all have  
in common?

# Case # 1

- After failing multiple courses of oral antibiotics given to treat persistent fatigue and joint pain, a PICC was placed and ceftriaxone was started
- After three weeks of ceftriaxone, the joint pain remained, but w/ a new onset of fever and rash
- This was followed by hypotension and tachycardia, admission to the ICU with intubation, pressors, and multiple broad spectrum antibiotics
- This patient died from septic shock related to a CVC-associated bacteremia

## Case # 2

- After being seen at an alternative medicine clinic w/ years of c/o of myalgias, arthralgias, headaches and lethargy, this pt was treated w/ rifampin, TMX, doxycycline w/o improvement
- A PICC was placed for multiple IV antibiotics, including ceftriaxone
- After 5 months of combination oral/IV antibiotics, no benefit was seen. The antibiotics were discontinued but the PICC was left in place

- One week later, chills and fever of 102.9°F developed, prompting the alternative medicine clinic to restart ceftriaxone!
- Later that same day, her temperature increased to 105.3°F followed by septic shock, requiring ICU admission w/ pressors
- Blood and PICC grew *Acinetobacter spp*
- She survived after several weeks of hospitalization

## Case # 3

- One year after a flu-like illness associated w/ arm, leg and back pain, a woman in her late 40s was prescribed two 4-week courses of oral doxycycline
- 2 years after this diagnosis, she c/o fatigue, cognitive difficulties and poor exercise tolerance

- She was started on I.M. penicillin for 5 weeks w/o improvement
- She was then switched to IV ceftriaxone x 4 months, followed by IV azithromycin X 6 months
- One year following this, a new IV catheter was placed for another round of ceftriaxone as well as oral doxycycline plus tinidazole plus azithromycin - all for ~ 4 weeks



- Back pain, SOB and malaise developed, leading to hospitalization w/ subsequent removal of the IV catheter
- Blood and catheter tip cultures grew *Pseudomonas aeruginosa*
- She was placed on 4 wks of IV aztreonam

- Because of worsening back pain, she was again admitted to the hospital
- Subsequent w/up revealed vertebral osteomyelitis with bone bx growing the same strain of pseudomonas that matched her previous cultures

## Case # 4

- After 5 yrs of progressive symptoms, this patient, a woman in her 50s, was diagnosed w/ ALS
- Evaluation by a second physician led to a prescription of herbs and homeopathic remedies with no improvement, resulting in her being placed on IV ceftriaxone, plus oral TMX, acyclovir, fluconazole and tinidazole

- After 7 months of this, treatment was discontinued due to the development of *C. difficile* colitis which became intractable w/ persistent symptoms over the next 2 years until she died from complications of ALS

# Case # 5

- A woman in her 60s w/ multiple medical problems including a chronic neuropathy was started on IV immunoglobulin every 3 weeks via an implanted port
- After 10 years of this, she developed a port-associated MSSA bacteremia requiring its removal

- After completing a course of IV antibiotics via a newly placed PICC for the MSSA bacteremia, the patient refused to have the PICC removed
- 2 months later, she developed a new fever. The PICC was removed and the tip cultured, growing coagulase-negative *Staphylococcus*. Following a course of IV antibiotics, she was discharged home
- A new port was implanted for more immunoglobulin therapy (!!!!)

- She was again admitted for fever but also a new c/o back pain
- Blood cultures were again positive for MSSA
- Ultimately she required surgical drainage of a paraspinal abscess (as well as another prolonged course of antibiotics)

So.....what did the following scenarios  
all have in common?



All were diagnosed with “Chronic Lyme Disease” - now called “P-TLDS” (Post-Treatment Lyme Disease Syndrome)

- either a “clinical diagnosis” or.... “seronegative” Lyme Disease
- or....following the use of tests that have not been validated

# Post-Treatment Lyme Disease Syndrome

- controversial diagnosis, particularly as to whether viable spirochetes persist, contributing to the multiple and variable symptoms
- Multiple randomized placebo-controlled studies have shown that prolonged courses of IV antibiotics do not improve long-term outcomes for this diagnosis
- Unknown how many folks are treated for this. Also unknown how many folks develop serious complications as a result of these treatments

Primum non nocere.....

**Someday, YOU - and every single  
person you know and love - will  
be a patient**

## As summarized by NIAID.....

- “Multiple clinical trials, funded by NIH and others, have shown no benefit to additional IV antibiotic treatment in patients with Lyme disease.....”
- “In patients who have non-specific symptoms after being treated for Lyme disease and who have no evidence of active infection (patients with PTLDS), studies have shown that more antibiotic therapy is not helpful and can be dangerous.”