

Considerations and alternative approaches to antibiotic prophylaxis for prostate biopsy

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In this study of culture-specific antibiograms from six hospitals in the Philadelphia region, the authors compare American Urological Association (AUA) recommendations for prostate biopsy prophylaxis against the common urinary pathogens, *E. coli*, *Klebsiella*, and *Proteus*.¹ The authors examine the sensitivity of these pathogens to the most commonly utilized antibiotics for biopsy prophylaxis, including fluoroquinolones (FQ), trimethoprim/sulfamethoxazole (TMP/SMX), gentamicin, and ceftriaxone. The results are alarming, with *E. coli* resistance to FQ and TMP/SMX ranging from 20% to 32%; *Klebsiella* resistance to FQ and TMP/SMX ranging from 6% to 22%; *Proteus* resistance to FQ and TMP/SMX ranging from 10 to 32%.

Although the study is limited by the specificity of these antibiograms to the Philadelphia region, the conclusion is clear: the AUA guidelines should be revised to emphasize local antibiogram-specific prophylaxis or to consider patient rectal swab culture-specific prophylaxis.

Alternatively, with the rise in antibiotic resistance across multiple urinary pathogens, urologists everywhere should strongly consider transperineal prostate biopsy as an alternative to the conventional transrectal approach. □

References

1. Mann M, Calio BP, Mark JR et al. Hospital-specific antibiograms and antibiotic prophylaxis for prostate biopsies: a reexamination of AUA recommendations. *Can J Urol* 2020;27(1):10099-10104.

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