Reply to Davido and Dinh

To the Editor—We are grateful to Davido and Dinh for their Letter [1] regarding our report [2] on the use of fosfomycin as treatment for bacterial prostatitis. As they note, randomized controlled trials in the treatment of proven chronic prostatitis

are rare. However, those treatment trials that are available suggest prolonged therapy is required due to perceived poor drug penetration and sometimes anatomical issues such as scarring and areas of calcification [3]. Nevertheless, from our 2 cases alone, we are unable to recommend a specific duration of fosfomycin therapy for prostatitis. For patient 1, who had biopsy-proven prostatitis and a persistently elevated prostate specific antigen, the prolonged (16 weeks) treatment course was chosen because of the previous history of relapse, the pathogen’s moderately elevated minimum inhibitory concentration to fosfomycin relative to the known likely achievable intra-prostatic concentrations of fosfomycin [4] and the rurally isolated residence of the patient where a further relapse would be difficult. Patient 2 had prostatitis diagnosed clinically but was not biopsy-confirmed—hence the treatment duration was an empiric decision based on similar PK/PD concerns to that of patient 1. We agree that the optimal treatment duration of chronic prostatitis with oral fosfomycin remains undefined—however, our report suggests that reason-

able serum concentrations (and therefore potentially intra-prostatic levels [4]) are attained with 3 g once-daily.

Note

Potential conflicts of interest. All authors: No reported conflicts. All authors have submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. Conflicts that the editors consider relevant to the content of the manuscript have been disclosed.

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References


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