

Should we treat bacteremic prostatitis for 7 days?

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Dear Editor,

We would like to comment on the recent article by Yahav et al (1) that compared 7-day with 14-day treatment regimens for gram-negative bacteremia. Shorter antibiotic regimens are recommended whenever possible (2) despite the lack of high quality evidence supporting this practice, particularly for bacteremia. Although this study marks an important step forward by addressing this issue, we wonder whether its conclusion can be generalized to both women and men.

We noted that almost 70% of the patients enrolled had episodes of bacteremia of urinary origin treated mostly by quinolones. Short treatment regimens in women have previously been shown to be as effective as longer regimens (3). However, in the article by Yahav et al (1) half of the patients were males and unfortunately, no subgroup analysis was available for this subset of patients. As 7-day treatments have been previously shown to be inferior to 14-day treatments in febrile urinary tract infection (UTI) in males (4), we would like to make a suggestion to the authors to perform a *post-hoc* analysis in this subgroup. Prostatic involvement is frequent in male UTI, and the treatment of prostatitis is hampered by limited penetration of most antibiotics into prostatic tissue (5). Short antibiotic courses might favor treatment failure in this context, with or without recurrent bacteremia.

Notes

Potential conflicts of interest.

All authors: No reported conflicts of interest.

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