

HIV STATUS AND INCIDENCE OF CERVICAL SQUAMOUS INTRAEPITHELIAL LESIONS

Investigators compared the rates of incidental cervical squamous intraepithelial lesions (SILs) between women with and without HIV infection and determined the natural history of cervical SILs in these 2 groups. Participants were 774 HIV-seropositive and 391 HIV-seronegative women between ages 16 to 55 years who were demographically and behaviorally similar and were monitored for abnormal cervical cytologic results from April 1993 to January 1995. During follow-up (excluding women with baseline SILs), 224 (35%) HIV-seropositive and 34 (9%) HIV-seronegative women had SILs detected by Papanicolaou (Pap) testing. SILs incidence was 11.5 cases/100 person-years of observation in HIV-seropositive women versus 2.6 cases/100 person-years in HIV-seronegative women (rate ratio [RR], 4.5 [95% confidence interval {CI}, 3.1–6.4]; $P < .001$). The risk for incidental SILs differed significantly based on HIV status and, in HIV-seropositive women, by baseline CD4+ lymphocyte count category ($P < .001$). Of the women identified with SILs, 93% also were infected with the human papillomavirus (HPV). During follow-up, 47 HIV-seropositive and 4 HIV-seronegative women had incidental high-grade SILs. The incidence of high-grade SILs was 1.6 cases/100 person-years of observation in HIV-seropositive women versus 0.3 cases/100 person-years in HIV-seronegative women (RR, 5.1 [95% CI, 1.9–14.2]; $P < .002$). HIV-seropositive women with CD4+ lymphocyte cell counts below 500 cells/mm³ or with concurrent HPV infections were more likely to have Pap test progression than HPV-negative women.

Schuman P, Ohmit SE, Klein RS, et al. Longitudinal study of cervical squamous intraepithelial lesions in human immunodeficiency virus (HIV)-seropositive and at-risk HIV-seronegative women. *J Infect Dis* 2003;188:128–36.

ASSOCIATION BETWEEN TENDON INJURY AND FLUOROQUINOLONE USE

The authors performed a literature review to determine the association between fluoroquinolone use and tendon injury. All English and French language reports published from 1966 to 2001 were included. Sixty of the 98 cases reviewed had individualized data on type, dose, and duration of fluoroquinolone therapy when the tendon injury occurred; type of tendon injury, interventions taken, and recovery time; and potential predisposing factors. Data from group series (38 cases) were included when applicable. Although tendon injuries were reported with most fluoroquinolones, injuries occurred most frequently with pefloxacin (36/98 cases [37%]) and ciprofloxacin (25/98 cases [25.5%]). Most of these injuries were associated with 800-mg

doses of pefloxacin daily and 500- to 2000-mg doses of ciprofloxacin daily. The Achilles tendon was injured most frequently (88/98 cases [89.8%]). Tendinitis occurred in 82 patients (83.7%). Tendon rupture occurred in 40 patients (40.8%). The mean age of patients was 59.0 ± 16.0 years, and the ratio of men to women was 1.9:1. Other potential risk factors reported concomitantly were hemodialysis or renal dysfunction; renal transplantation; rheumatic diseases; gout; diabetes mellitus; hyperparathyroidism; participation in sports; and hypothyroidism. Fluoroquinolone use is associated with tendinopathy and concomitant risk factors should be considered when prescribing these drugs.

Khaliq Y, Zhanal GG. Fluoroquinolone-associated tendinopathy: a critical review of the literature. *Clin Infect Dis* 2003;36:1404–10.

OUTCOMES FOR DELAYED TREATMENT OF NOSOCOMIAL STAPHYLOCOCCUS AUREUS BACTEREMIA

Researchers performed a retrospective cohort review to assess how clinical outcomes are impacted by delayed treatment of nosocomial *Staphylococcus aureus* bacteremia (SAB). Only initial episodes of SAB meeting criteria for bloodstream infection and occurring more than 2 days after admission between January 1, 1999 and January 31, 2001 were included (N = 167). Collected data included demographics, comorbidities, and length of stay (LOS) before SAB onset. Of the 53 patients who died during hospitalization, 39 died due to SAB. Forty eight patients did not receive treatment before 44.75 hours (delayed treatment) versus 119 who did (early treatment). Infection-related mortality (IRM) increased by 1.7-fold in the delayed treatment group (33.3%) versus the early treatment group (20.2%). No significant differences in mean LOS after SAB onset existed between treatment groups. Delayed treatment remained an independent predictor for IRM even after controlling for associated clinical characteristics (odds ratio, 3.8 [95% CI, 1.3–11.0]; $P = .01$). The adjusted mean LOS after SAB onset was longer in the delayed treatment group after controlling for clinical characteristics associated with longer LOS (20.2 days versus 14.3 days; $P = .05$). Delayed treatment results in longer LOS and higher mortality in patients with SAB.

Lodise TP, McKinnon PS, Swiderski L, Rybak MJ. Outcomes analysis of delayed antibiotic treatment for hospital-acquired *Staphylococcus aureus* bacteremia. *Clin Infect Dis* 2003;36:1418–23.

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