

PIPERACILLIN-TAZOBACTAM PLUS AMIKACIN AS AN INITIAL EMPIRICAL THERAPY OF FEBRILE NEUTROPENIA IN PAEDIATRIC CANCER PATIENTS

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Singapore Med J 2008; 49(1): 26-30

Please note the corrected Table II. The editorial office apologises for this error.

Table II. Microbiological documentation in blood cultures and in vitro susceptibilities of bacterial isolates from June 2001 to December 2002.

	No. of isolates	Piperacillin-tazobactam sensitive/tested	Amikacin sensitive/tested
<i>Escherichia coli</i>	9	8/9	8/8
<i>Staphylococcus aureus</i>	8	7/8	7/8
<i>Pseudomonas aeruginosa</i>	4	3/4	3/4
<i>Klebsiella pneumoniae</i>	7	*7/7	7/7
<i>Acinetobacter baumannii</i>	2	2/2	2/2
<i>Enterobacter cloacae</i>	1	*1/1	1/1
<i>Salmonella</i> spp.	1	1/1	1/1
<i>Sphingomonas paucimobilis</i>	1	1/1	NT
<i>Serratia marsecense</i>	1	0/1	0/1
<i>Moraxella</i>	1	1/1	1/1
<i>Corynebacterium</i>	1	1/1	1/1
<i>Sphingomonas</i> spp.	1	1/1	1/1
<i>Chryseomonas meningosepticum</i>	1	NT	NT
Coagulase-negative <i>Staphylococcus</i>	3	3/3	3/3
Total	41 [#]		

[#] : 1 episode of polymicrobial infection; *1 isolate of each organism was partially sensitive to piperacillin-tazobactam; NT: not tested

EDITOR'S NOTE: The corrected version is available online in the January 2008 issue: smj.sma.org.sg/4901/4901a3.pdf