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LINEZOLID-ASSOCIATED THROMBOCYTOPENIA IN CHILDREN WITH RENAL IMPAIRMENT

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ABSTRACT
To evaluate and compare the rates of linezolid-associated thrombocytopenia in pediatric patients with and without renal impairment

METHODS

To evaluate and compare the rates of linezolid-associated thrombocytopenia in pediatric patients with and without renal impairment

RESULTS

• Infection resolution occurred in 94% overall
• Renal impairment at LZD initiation present in 22% overall
• TCP incidence evaluable in 161 patients
• Developed in 29.2% (n = 47) overall

CONCLUSIONS

• Overall 29% thrombocytopenia in children receiving LZD in this pediatric cohort
• LAT appears to be an important adverse effect in children and adults
• The following variables at LZD initiation may be related to pediatric LAT:
  - Platelet value < 170 X 10^3 platelets/mm^3
  - CrCl ≤ 60 mL/min/1.73m^2
  - An association between therapy duration and TCP was noted
  - Close monitoring of renal function should be considered during LZD therapy
• Additional studies are needed to determine if dose modifications are warranted for children receiving LZD with renal impairment