



Re: Fosfomicin Trometamol in the Prophylaxis of Post-kidney Transplant Urinary Tract Infection: A Controlled, Randomized Clinical Trial

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EDITORIAL COMMENT

This is a well designed randomized, controlled, double-blind clinical trial evaluating whether the addition of fosfomicin trometamol (FOS) to trimethoprim-sulfamethoxazole (TMP-SMX) prophylaxis following renal transplantation diminishes the risk of urinary tract infection (UTI) during the first 6 months following renal transplantation in adult patients. The intervention group (group 1, n=32) received FOS every 10 days and TMP-SMX three times per week; the control group (group 2, n=35) received TMP-SMX daily. The authors found no difference in the time to first infection or the incidence of infections with the addition of FOS, and the study was halted at the time of intermediate analysis, as there was no possibility of benefit. A higher incidence of bacteriuria was reported than in previous years, with high levels of fosfomicin-resistant *Klebsiella*. Although interventions performed by the authors, such as catheter and stent placement, were quite standard, it is possible that these results may not be generalized to other settings with different patterns of infection and resistance like in patients undergoing urological procedures and in females with recurrent UTI in whom FOS has been superior.

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