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Macrolides Versus Quinolones in Legionella pneumonia: Results from the Community-Acquired Pneumonia Organization International Study.

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BACKGROUND: Data supporting a quinolone or a macrolide as preferred therapy for community-acquired pneumonia (CAP) due to Legionella pneumophila are not firmly established. Some literature suggests a benefit of quinolones over macrolides.

OBJECTIVE: To compare time to clinical stability (TCS) and length of hospital stay (LOS) in patients with Legionella pneumonia who were treated with levofloxacin (LVX) compared to those treated with newer macrolides.

DESIGN: An analysis of patients with Legionnaires' disease from the Community-Acquired Pneumonia Organization database was performed. Patients were diagnosed with CAP using radiographic and clinical criteria, while Legionella was detected by urinary antigen or sputum culture. All patients received a macrolide (azithromycin or clarithromycin) or LVX. TCS was defined as the time from hospital admission to candidacy for switch to oral therapy.

RESULTS: A total of 39 patients were included for analysis. The mean TCS for the macrolide group was 5.1 days vs. 4.3 days for the LVX group ($P = 0.43$). The mean LOS for the macrolide group was 12.7 days vs. 8.9 days for the quinolone group ($P = 0.10$).

CONCLUSION: LOS and TCS were not statistically different between the macrolide and the LVX groups in treating CAP due to Legionella, despite trends in both outcomes favoring LVX.

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