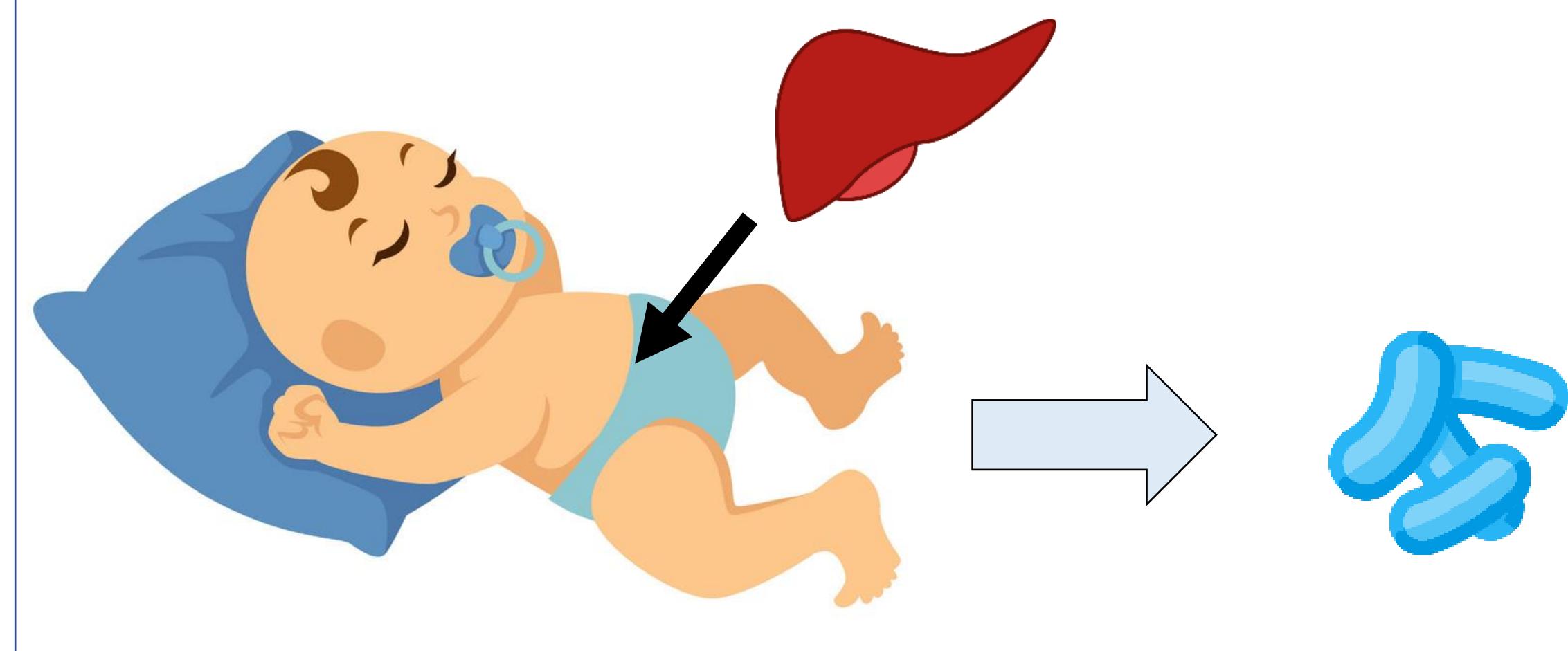


Population pharmacokinetics and dosing simulation of the β -lactam temocillin in liver-transplanted paediatric patients

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Introduction

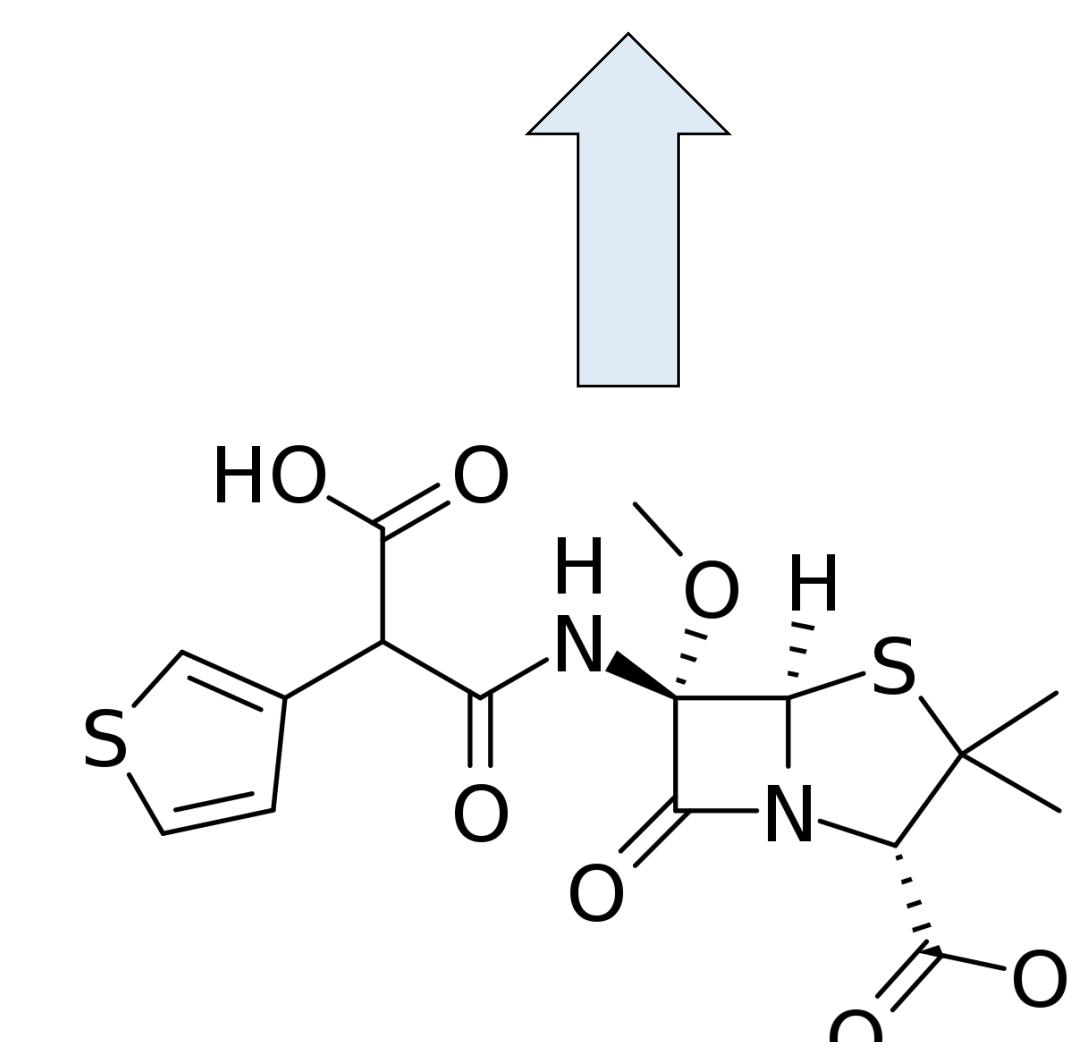


6-36-month-old requiring hepatic transplant

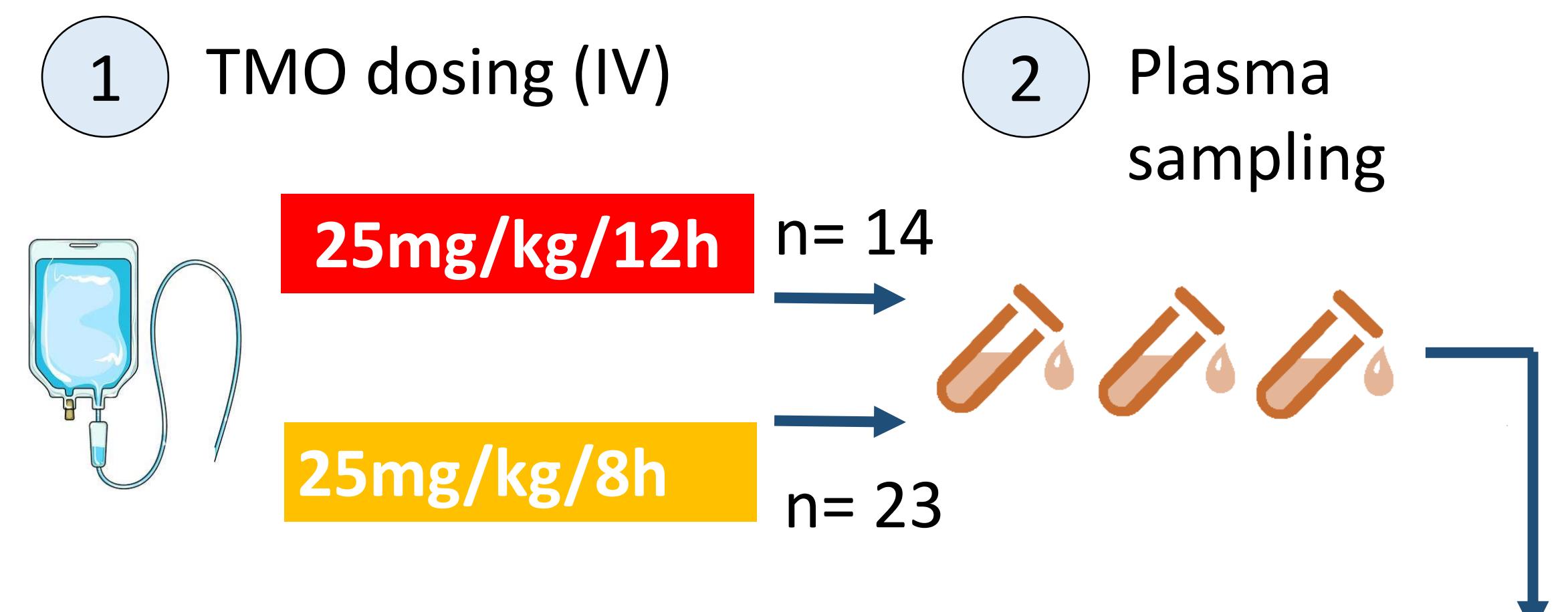
Immunosuppressants
→ high risk infections
→ (ESBL) Enterobacteriales

Temocillin (TMO)

- Carbapenem-sparing β -lactam antibiotic
- Dosing children (SPC):
 - ✓ Min = 25 mg/kg/12h
 - ✓ Max = 2g/12h
- So, what is the optimal dose for these patients?



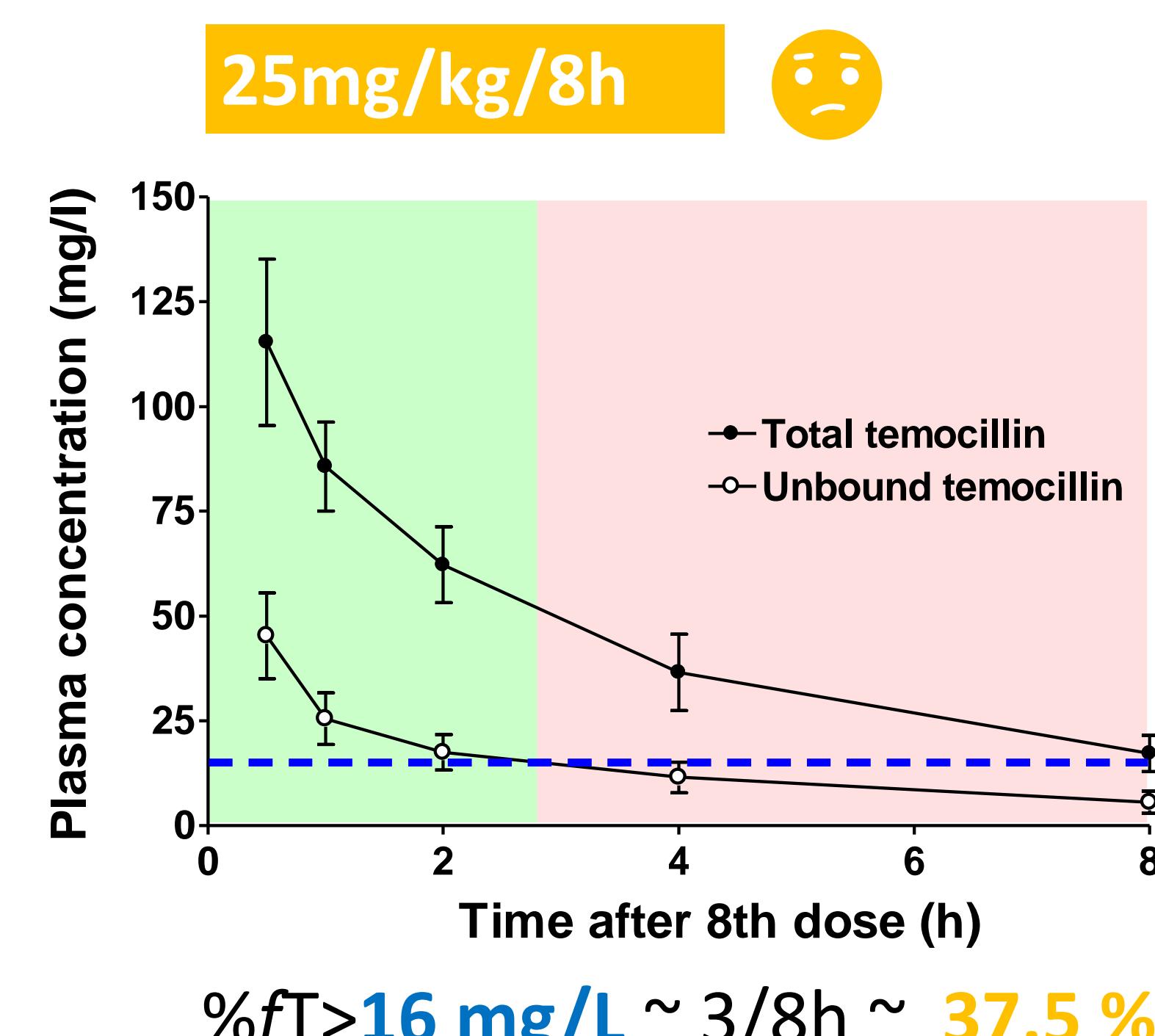
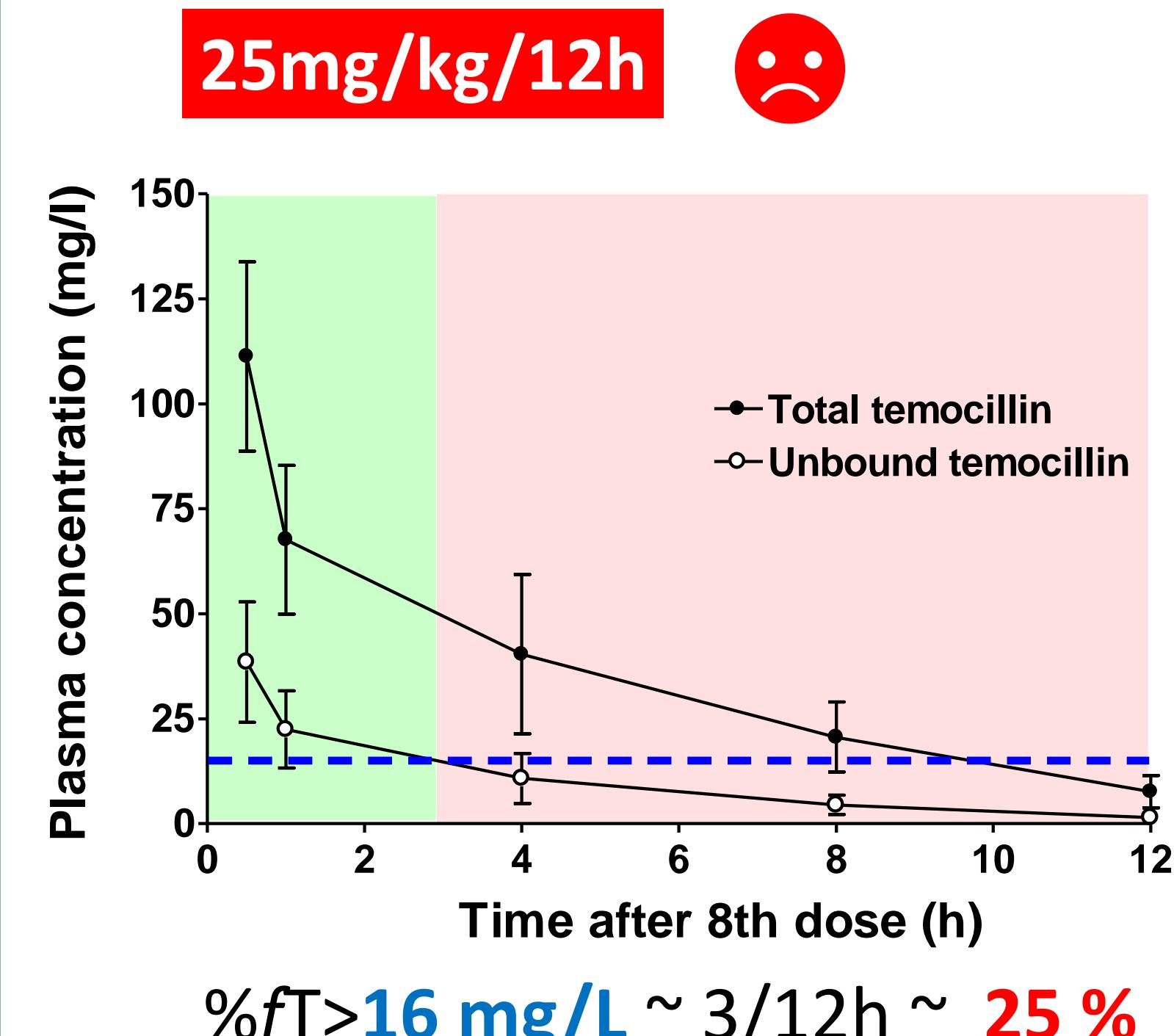
Methodology



- Monte Carlo (n=1000)
- **Dosing simulations:** Probability of Target Attainment (PTA) $\sim 40\% fT > \text{MIC}$

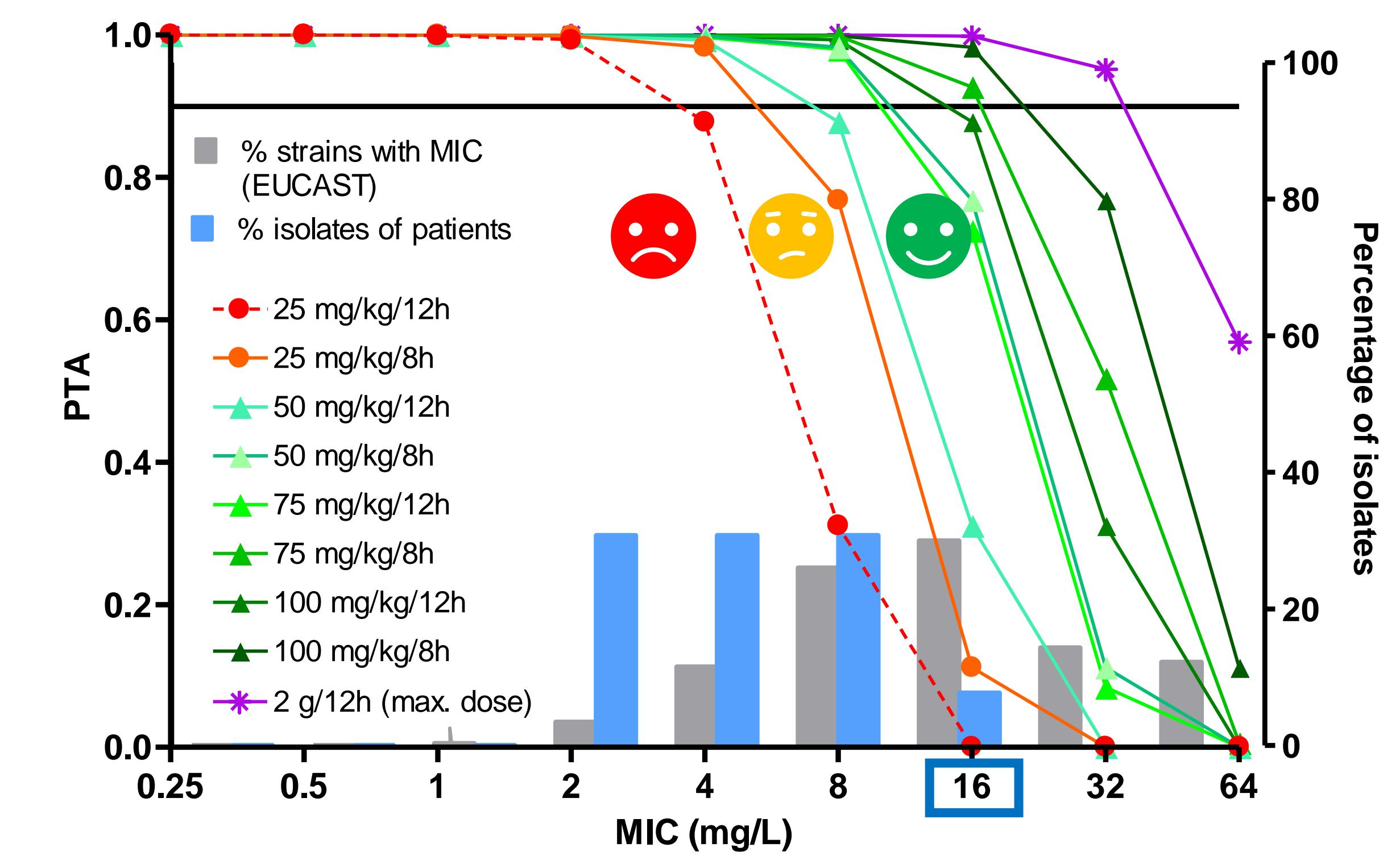
Results

Clinically tested TMO doses: are they high enough?



2-compartmental PK model: renal function & body weight key co-variates

Dosing simulations (higher, off-label doses): PTA for \neq MICs?
Data for typical patient: GFR = 139 mL/min & weight = 9.8 kg



Conclusion: temocillin dosing in liver-transplanted children

- 25 mg/kg/12h = SPC dose \sim risk underdosing!
- 25 mg/kg/8h = new routine dose at Saint-Luc (better PK/PD, no safety concerns observed)
- 75 mg/kg/8h = 90% PTA for majority of study population, but clinical safety = ???

Risk factors underdosing at SPC dose		
1. Higher MIC (MIC > 4 mg/L)	2. Lower weight (< 11 kg)	3. Higher GFR (> 120 mL/min)