

3. Same RG, Amoah J, Hsu AJ, Hersh AL, Sklansky DJ, Cosgrove SE, et al. The association of antibiotic duration with successful treatment of community-acquired pneumonia in children. *J Pediatric Infect Dis Soc.* 2020, pii:055.
4. Greenberg D, Givon-Lavi N, Sadaka Y, Ben-Shimol S, Bar-Ziv J, Dagan R. Short-course antibiotic treatment for community-acquired alveolar pneumonia in ambulatory children. A double-blind, randomized, placebo-controlled trial. *Pediatr Infect Dis J.* 2014;33:136–42.
5. ClinicalTrials.gov. National Library of Medicine (US). Trial to Evaluate Beta-Lactam Antimicrobial Therapy of Community Acquired Pneumonia in Children, <https://clinicaltrials.gov/ct2/show/NCT02891915>; 2019 [consultada el 7 de julio de 2020].
6. National Institute for Health and Care Excellence. Public Health England. Pneumonia (community-acquired): antimicrobial prescribing. NICE guideline [NG138], <https://www.nice.org.uk/guidance/ng138/resources/pneumonia-community-acquired-antimicrobial-prescribing-pdf-66141726069445>; 2019 [consultada el 7 de julio de 2020].

Lucía Sanjuán-Benita,^a Jesús Saavedra-Lozano,^{a,b,c}
David Aguilera-Alonso^{a,b,*}

^a Sección de Enfermedades Infecciosas, Servicio de Pediatría, Hospital General Universitario Gregorio Marañón, Madrid, Spain

^b Instituto de Investigación Sanitaria Gregorio Marañón (IiSGM), Madrid, Spain

^c Universidad Complutense de Madrid, Madrid, Spain

* Corresponding author.

E-mail address: david.aguilera@salud.madrid.org

(D. Aguilera-Alonso).

Received 9 July 2020

Reply to “Short antibiotic regimens in community-acquired pneumonia in children”[☆]



Respuesta a «Pautas cortas de antibioterapia en neumonías adquiridas en la comunidad en niños»

We thank the authors for their interesting comments¹ on the consensus document on the management of community-acquired pneumonia in children.² Our consensus follows the same line of thinking by supporting short treatments, as reflected in the proposed duration of less than 7 days.

The article by Same et al.³ was published on July 11, 2020, 4 months after our consensus document was accepted by this journal,² so we could not take it into account, but it does not contradict our recommendation. The results of this study do not provide any clear conclusion that treatment should be 5 days or less, but rather 5–7 days (with a mean duration of 6 days).

Greenberg et al.⁴ only show the non-inferiority of amoxicillin, in terms of treatment failure at 30 days, in a 5-day versus a 10-day regimen (which is not the period recommended by our pediatric consensus).

However, this is a controversial topic in pediatrics, and the NICE guidelines⁵ recognize that no evidence was identified in children and young people that met the specific criteria of this review: the committee agreed by consensus that antibiotic treatment should be discontinued after 5 days unless the patient is clinically unstable according to clinical judgment. In other words, the level of evidence to unreservedly endorse a 5-day generic treatment in children with CAP is low and based on expert opinion. Therefore, in uncomplicated cases of CAP among the pediatric population, we believe it is more prudent to recommend short treatments with a maximum duration of 7 days, without explicitly and unambiguously limiting them to 5 days, as scientific evidence is insufficient at the present time. We therefore consider that proposing “a maximum duration of 7 days” is more reasonable and in line with current scientific knowledge.

References

1. Sanjuán-Benita L, Saavedra-Lozano J, Aguilera-Alonso D. Pautas cortas de antibioterapia en neumonías adquiridas en la comunidad en niños. *Arch Bronconeumol.* 2020 <https://www.doi.org/10.1016/j.arbres.2020.08.017>

[☆] Please cite this article as: Andrés-Martín A, Escribano-Montaner A, Figuerola-Mulet J, García-García ML, Korta-Murúa J, Moreno-Pérez D, et al. Respuesta a «Pautas cortas de antibioterapia en neumonías adquiridas en la comunidad en niños». *Arch Bronconeumol.* 2020;56:836.

2. Andrés-Martín A, Escribano Montaner A, Figuerola Mulet J, García García ML, Korta Murua J, Moreno-Perez D, et al. Documento de consenso sobre la neumonía adquirida en la comunidad en los niños. SENP-SEPAR-SEIP. *Arch Bronconeumol.* 2020. <http://dx.doi.org/10.1016/j.arbres.2020.03.025>.

3. Same RG, Amoah J, Hsu AJ, Hersh AL, Sklansky DJ, Cosgrove SE, et al. The association of antibiotic duration with successful treatment of community-acquired pneumonia in children. *JPIDS.* 2020:1–7. <http://dx.doi.org/10.1093/jpids/piaa055>. XX(XX).

4. Greenberg D, Givon-Lavi N, Sadaka Y, Ben-Shimol S, Bar-Ziv J, Dagan R. Short-course antibiotic treatment for community-acquired alveolar pneumonia in ambulatory children. A double-blind, randomized, placebo-controlled trial. *Pediatr Infect Dis J.* 2014;33:136–42.

5. Pneumonia (community-acquired): antimicrobial prescribing. NICE guideline [NG138]. Fecha de publicación: 16 septiembre 2019 [Accessed 12 July 2020]. Available from: <https://www.nice.org.uk/guidance/ng138/resources/pneumonia-community-acquired-antimicrobial-prescribing-pdf-66141726069445>.

Anselmo Andrés-Martín,^{a,*} Amparo Escribano-Montaner,^b
Joan Figuerola-Mulet,^c María Luz García-García,^d
Javier Korta-Murúa,^e David Moreno-Pérez,^f
Carlos Rodrigo-Gonzalo de Liria,^g Antonio Moreno-Galdó^h

^a Sección de Neumología Pediátrica, Hospital Universitario Virgen Macarena, Universidad de Sevilla, Sevilla, Spain

^b Unidad de Neumología Pediátrica, Servicio de Pediatría, Hospital Clínico Universitario, Universidad de Valencia, Valencia, Spain

^c Sección de Neumología y Alergia Pediátricas, Servicio de Pediatría, Hospital Universitario Son Espases, Palma de Mallorca, Spain

^d Servicio de Pediatría, Hospital Universitario Severo Ochoa, Leganés, Madrid, Universidad Alfonso X El Sabio, Villanueva de la Cañada, Madrid, Spain

^e Sección de Neumología Pediátrica, Servicio de Pediatría, Hospital Universitario Donostia, Universidad del País Vasco (UPV/EHU), San Sebastián, Spain

^f Infectología e Inmunodeficiencias, UGC de Pediatría, Hospital Materno Infantil, Hospital Regional Universitario de Málaga, Grupo de Investigación IBIMA, Universidad de Málaga, Spain

^g Servicio de Pediatría, Hospital Universitario Germans Trias i Pujol, Badalona, Barcelona, Universidad Autónoma de Barcelona, Spain

^h Sección de Neumología y Alergia Pediátricas, Servicio de Pediatría, Hospital Vall d'Hebron, Universitat Autònoma de Barcelona, Spain, CIBER de Enfermedades Raras, Madrid, Spain

* Corresponding author.

E-mail address: aandres@us.es (A. Andrés-Martín).