patient's endocarditis and epidural abscesses/vertebral osteomyelitis were cured. The patient was treated within 8 weeks with no adverse effects (Cunha *et al.*, 2008).

A case report of vancomycin-resistant *E. faecium* pyelonephritis during pregnancy has been described. A 20-year-old 27-week-pregnant patient with a history of spina bifida, neurogenic bladder, and multiple hospitalizations for recurrent urinary tract infections was diagnosed with pyelonephritis. She was treated with daptomycin, 260 mg (4 mg/kg) daily for 14 days, on the basis of a urine culture that revealed *E. faecium* resistant to ampicillin, nitrofurantoin, and vancomycin. All cultures after treatment revealed no growth, and the patient as well as the neonate displayed no adverse effects. VRE urinary tract infections can be treated safely in pregnancy with nitrofurantoin, if the organism is susceptible. Other viable options in the treatment of VRE, including linezolid, doxycycline, and quinupristin–dalfopristin, have lower urinary concentrations or teratogenic risk or have limited findings regarding their safety in pregnancy. Daptomycin was selected in this case owing to its efficacy in the treatment of VRE, high urinary concentrations, pregnancy category B, and one case report indicating its successful use in pregnancy (Shea *et al.*, 2008).

7h. Prophylaxis

Very limited data are available on prophylactic used of daptomycin. A preclinical study in mice compared the efficacy of vancomycin, daptomycin, and tigecycline as prophylactic therapy against an MSSA or an MRSA surgical implant infection. In this mouse model, daptomycin and tigecycline prophylaxis were effective over a broader dosage range than vancomycin (Niska *et al.*, 2012). This is in contrast with a clinical study on the prevention of surgical site infections; however, the type of infection for these two studies also differed. A prospective double blinded randomized study of 178 patients undergoing lower extremity vascular procedures was performed to compare vancomycin with daptomycin in the prevention of surgical site infections. For infections within 30 days after the procedure, no difference was found for the drugs. Gram-positive related infections and MRSA infections occurred in 1 (1.18%) and 0 (0%) vancomycin patients, respectively, and in 9 (9.68%) and 1 (1.08%) daptomycin patients, respectively ($p < 0.02$ and $p = 1.00$). This suggests that vancomycin supplemental prophylaxis seems to reduce the incidence of Gram-positive infection compared with the addition of supplemental daptomycin prophylaxis (Stone *et al.*, 2009).

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