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Antibiotic resistance in ESKAPE pathogens in severe COVID-19: A threat to ICU patients

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Introduction

The emergence of multidrug-resistant (MDR) ESKAPE pathogens in severe COVID-19 patients poses a significant challenge in intensive care units (ICUs). The study aims to assess the antibiotic resistance profile of ESKAPE pathogens isolated from the respiratory tract of critically ill COVID-19 patients and its impact on treatment efficacy and patient outcomes.

Material and methods

Tracheal swab samples were collected from ICU patients diagnosed with severe COVID-19. Following collection, swabs were immediately transported to the microbiology laboratory, where they were inoculated onto appropriate culture media and incubated under standard conditions. Colonies suspected of being ESKAPE pathogens were identified using Vitek 2 Compact, antimicrobial susceptibility was determined based on the European Committee on Antimicrobial Susceptibility Testing (EUCAST) guidelines.

Results

Out of 227 isolates from the ESKAPE group, the distribution was: *P. aeruginosa* – 28 (16.47%), *A. baumannii* – 125 (73.53%), *E. faecium* –

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10 (5.88%), E. coli – 6 (3.53%), K. pneumonia – 38 (22.35%), S. aureus - 20 (11.76%). Extensive Carbapenem Resistance: A. baumannii exhibited 95.2% resistance to imipenem and 92.8% to meropenem. K. pneumoniae showed 66.7% resistance to ceftriaxone and 18.9% to meropenem. P. aeruginosa displayed 47.6% resistance to imipenem and 50% to meropenem. Aminoglycoside Resistance: 95.3% of A. baumannii isolates and 67.8% of P. Aeruginosa isolates were resistant to tobramycin. 98.4% of A. baumannii isolates exhibited resistance to amikacin, while 51.8% of P. aeruginosa were resistant to gentamicin. Fluoroquinolone Resistance: A. baumannii showed 95.9% resistance to ciprofloxacin and 95.7% to levofloxacin. K. pneumoniae exhibited 71.4% resistance to ciprofloxacin. Macrolide and β-Lactam Resistance: K. pneumoniae and P. aeruginosa demonstrated high resistance to cephalosporins (65-100%). S. aureus had 44.4% resistance to ciprofloxacin and 33.3% to azithromycin. Enterococcus faecium showed 100% resistance to vancomycin, (Vancomycin-Resistant confirming the of VRE presence Enterococcus) strains.

Conclusions

The widespread resistance to carbapenems, fluoroquinolones, and aminoglycosides significantly limits treatment options, increasing the risk of therapeutic failure, prolonged hospitalization, and high mortality rates. These findings underscore the critical need for infection control measures, targeted antimicrobial therapy, and novel treatment strategies to combat MDR infections in COVID-19 ICUs.

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