2377. Outcomes in Patients With History of Cardiac or Vascular Disease (CV) During Treatment of Acute Bacterial Skin and Skin Structure Infection (ABSSSI) With Delafloxacin (DLX) vs. Vancomycin/Aztreonam (VAN/AZ)

**Background.** DLX, an anionic fluoroquinolone antibiotic with Gram-positive and Gram-negative activity, was recently approved for treatment of ABSSSI. Two global phase 3 ABSSSI trials (studies 302 and 303) included patients with cardiac or vascular disease.

**Methods.** Two multicenter, double-blind, double-dummy trials of adults with ABSSSI due to 1 or 2 haemolytic streptococci or S. pyogenes at baseline was 446 cm².

**Results.** In the two studies, 488 CV patients were randomized in United States, Europe, Latin America and Asia. 57% were male with mean age 59 years. Average erythema area at baseline was 446 cm², 58% had cellulitis, 19% abscesses, 26% wound and 1% burn infections. Baseline erythema and induration were reported in 100% and 93% of patients, respectively. Mean area of erythema and induration at baseline was 353 and 138 cm², respectively. Most common locations for lesions were lower extremities (50%) and upper extremities (24%). S. aureus was the most common isolate. Mean days of treatment was 7 days in either group. DLX and VAN/AZ patients had comparable impact on S&S with complete resolution in 42% vs. 45% at EOT, and 58% vs. 60% at FU, and 86% vs. 71% at LFU respectively. DLX was comparable to VAN/AZ in treating patients with S. aureus.

**Conclusion.** DLX and VAN/AZ provided equally rapid improvement in clinical signs and symptoms in ABSSSI with comparable reductions in S&S, lesion size and pain score.

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