
Perioperative antibiotic prophylaxis for children undergoing gastrointestinal surgery

OPINIONS

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Antibiotic prophylaxis for children undergoing intra-abdominal surgery should be standardised. Recent findings show that the same antibiotic regimen can be given to both children and adults.

Today, children undergoing surgery for disorders in the gastrointestinal tract receive varying antibiotic prophylaxis depending on the hospital and the surgeon. The current standardised regimen for adults in Norway consists of doxycycline and metronidazole, but the use of doxycycline has been regarded as contraindicated for children because of the risk of tooth staining. Recent findings show that there is no danger of tooth staining in children from short-course treatment with doxycycline (1). Consequently, children should receive the same antibiotic prophylaxis as adults.

Lack of standardisation

A comment in an earlier issue of the Journal of the Norwegian Medical Association (Tidsskrift for Den norske legeforening) about optimal antibiotic prophylaxis for appendectomy did not specify the recommended antibiotic prophylaxis for children (2). The current practice is to use a different antibiotic regimen for children than for adults. The Norwegian Directorate of Health's national clinical guidelines for antibiotics in hospitals recommend antibiotic prophylaxis with 400 mg doxycycline and 1 g metronidazole as the first-line treatment in gastrointestinal surgery, including acute appendicitis in adults (3). However, the guidelines do not cover children. In practice, metronidazole is used in combination with either gentamicin, cefotaxime, cefuroxime or cefazolin for children.

The comment on antibiotic prophylaxis and interval appendectomy emphasises the importance of routinely administering doxycycline and metronidazole immediately following the decision to carry out an appendectomy, unless a more serious condition is suspected that requires a therapeutic antibiotic regimen (4). There are good reasons for using doxycycline and metronidazole to also treat children, including their long half-life and favourable resistance and ecological profile compared with cephalosporin regimens.

«There are good reasons for using doxycycline and metronidazole to also treat children, including their long half-life and favourable resistance and ecological profile»

Traditionally, doxycycline has not been recommended for children under the age of 8 due to the risk of tooth staining. However, recent evidence demonstrates that short-course treatment does not cause tooth staining and that doxycycline can be used in children of all ages when deemed appropriate (1, 4, 5). For example, American health authorities recommend doxycycline for children of all ages with neuroborreliosis and rickettsiosis (up to 21 days of treatment) (5).

On this basis, we recommend using a combination of doxycycline and metronidazole as perioperative antibiotic prophylaxis in gastrointestinal surgery, including acute appendicitis, also for children of all ages.

Recommended dosage

There is currently no recommended dosage for doxycycline in perioperative prophylaxis in children. We propose a single dose of 4.4 mg per kg body weight intravenously or peroral, with a maximum 400 mg (corresponding to the recommended prophylactic dose for adults). The recommended dose of metronidazole for perioperative prophylaxis is 15 mg per kg, with a maximum 1 gram. We recommend that national guidelines be drawn up for perioperative prophylaxis in children, where the combination of doxycycline and metronidazole is considered as an alternative in gastrointestinal surgery.

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