

Azithromycin decolonization of STEC—a new risk emerges

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In our recent article ([Azithromycin and decolonization after HUS](#), *Nat. Rev. Nephrol.* **8**, 317–318; 2012),¹ we raised questions about the value of decolonization following Shiga toxin-producing *Escherichia coli* (STEC) infections.² We offered no specific objections to using azithromycin if decolonization was appropriate late in illness (that is, during or after hemolytic uremic syndrome [HUS]), but we did note that azithromycin might carry some risk of causing HUS if administered early in illness.³ However, newly published data that associate short-course azithromycin with sudden cardiac death⁴ prompt us to offer additional comment on the work by Nitschke and colleagues. Sudden deaths, quite plausibly caused by arrhythmias, represent approximately 10% of fatalities in patients with typical HUS,^{5–7} and myocardial ischemia can complicate HUS, even in children.^{8,9} Therefore, the risk of arrhythmias should not be minimized in patients

with, or recovering from, HUS. These new data now compel us to restate our opinion that azithromycin has no role during or after STEC infections if used solely for the purpose of decolonization.

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Competing interests

The authors declare no competing interests.

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