



**Universitat de les
Illes Balears**

**TESIS DOCTORAL
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**EPIDEMIOLOGÍA MOLECULAR Y RESISTENCIA
A LOS ANTIMICROBIANOS EN *Staphylococcus*
spp. EN CENTROS SANITARIOS DE MALLORCA
DURANTE LOS ÚLTIMOS 15 AÑOS (1999-2013)**

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CONCLUSIONES

7. CONCLUSIONES

1. Dos de los tres clones mayoritarios de SARM del HUSD durante el período 1999-2004 (los clones ST125-MRSA-IVc y ST228-MRSA-I) eran también los predominantes en muchos hospitales españoles, constatando la oligoclonalidad del SARM.
2. Por el contrario, el otro clon mayoritario de nuestro hospital (el ST22-MRSA-IVh, EMRSA-15) era prácticamente inexistente en el territorio peninsular español durante dicho período, aunque muy frecuente en otros países como el Reino Unido. Por tanto, el origen de este clon en Mallorca pudiera estar relacionado con el turismo británico en la isla.
3. Los tres clones mayoritarios del HUSD durante 2003-2004 fueron también los predominantes en los otros hospitales públicos de Mallorca, mostrando la importancia de la transmisión interhospitalaria.
4. A partir de 2007, de modo similar a la mayoría de hospitales españoles, se ha constatado en Mallorca la aparición del SARM comunitario. En 2008, el 7% de las cepas de SARM de los pacientes atendidos en el HUSD poseían los genes codificantes de la LPV. En todos los casos se trataron de infecciones de piel y partes blandas.
5. La práctica totalidad de las cepas de SARM productoras de LPV, al igual que sucede en el resto de España, pertenecían a los clones ST8-IVc (*USA300-like*) y ST8-IVa (*USA300*).
6. La prevalencia de portadores de SARM en exudados nasales de los residentes de un centro geriátrico de Mallorca fue del 8,0%, similar a la de otros estudios europeos, aunque menor que la descrita para otros centros asistenciales españoles.
7. La colonización por SARM en los residentes geriátricos fue generalmente transitoria, sin requerir intervenciones para su control.

8. Los factores de riesgo asociados con la colonización nasal de SARM en los residentes geriátricos fueron el tratamiento antibiótico en el último mes, el ingreso hospitalario previo, el presentar EPOC, y el antecedente de enfermedad vascular, enfermedad renal o neoplasia.
9. La mayoría de los residentes geriátricos colonizados por SARM no desarrollaron una infección subsiguiente por esta bacteria multirresistente. En los pocos casos en los que se constató una infección, se trataba de infecciones de herida o de úlcera, lo que indica que la colonización por SARM es un problema clínico manejable dentro de los centros socio-sanitarios.
10. Los clones de SARM en la residencia geriátrica fueron los mismos que los de su hospital de referencia. Ello pone de manifiesto la importancia de políticas de control de la infección coordinadas entre ambos tipos de instituciones.
11. En este trabajo se ha descrito por primera vez un plásmido de multirresistencia conjugativo (pERGB) portador de cuatro genes de resistencia: *cfr*, *ant(4')-Ia*, *tet(L)* y *dfxK*, detectado en SARM y *S. epidermidis*. Los múltiples regímenes de antibióticos administrados a estos pacientes podrían haber favorecido la formación y persistencia de este plásmido de multirresistencia.
12. Todas las cepas de *S. hominis* resistentes a la linezolidina detectadas en dos hospitales de Mallorca pertenecían al mismo clon y presentaban la mutación G2576T en el gen ARNr 23S, lo cual sugiere la diseminación a través de pacientes transferidos entre los dos centros hospitalarios.

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