Clinical Infectious Diseases

CORRECTION

Correction to: Sulopenem or Ciprofloxacin for the Treatment of Uncomplicated Urinary Tract Infections in Women: A Phase 3, Randomized Trial

An error appeared in the 2 September 2022 issue of the journal (Dunne et al. "Sulopenem or Ciprofloxacin for the Treatment of Uncomplicated Urinary Tract Infections in Women: A Phase 3, Randomized Trial." *Clin Infect Dis*; 76(11): 66-77. https://doi.org/10.1093/cid/ciac738). In the "Discussion" section of the manuscript, several of the in-text citations are incorrect. The correct references should be listed as follows:

Why would ASB occur sooner post-treatment among sulopenem-treated patients than among those treated with ciprofloxacin? One possible explanation is that ciprofloxacin has a greater impact on vaginal flora than a β-lactam such as sulopenem and that this in turn influences the rate of bladder recolonization. Similar observations have been made in 2 previous studies of uUTI and in a recent mouse model of UTI [18-20]. The area under the curve $(AUC)_{0-24}$ of ciprofloxacin in plasma after 250 mg twice daily dosing is approximately 9.6 μg × h/mL [12]. An AUC_{0-24}/MIC of approximately 125 is required for achieving clinical and microbiologic success with ciprofloxacin [22], and this ratio would be achieved for organisms with an MIC <0.06 μg/mL. Consistent with this potential effect and assuming equal tissue and plasma concentrations, a lower rate of ASB was seen only in those ciprofloxacin-treated patients whose baseline uropathogens had MICs <0.06 μg/mL. This effect would not be relevant for organisms in the urine, where concentrations of ciprofloxacin are significantly higher than in plasma, but rather for those organisms among colonizing flora of the perineum and vagina, potential sources of bladder recolonization [20,23].

This concentration-dependent effect of ciprofloxacin on vaginal flora would also carry with it the potential for selection of increasingly resistant pathogens among post-treatment flora. In this study, 35 of 420 (8.3%) patients without ciprofloxacin-nonsusceptible pathogens at baseline had a ciprofloxacin-nonsusceptible pathogen in their urine culture post-treatment. More worrisome, many of these isolates carried the $bla_{CTX\text{-}M\text{-}15}$ *ESBL resistance gene, a commonly circulating plasmid among* E. coli *[24], making future treatment with a quinolone or a non-penem β-lactam more likely to be unsuccessful.*

The authors regret the error.

Clinical Infectious Diseases® 2023;77(6):937

https://doi.org/10.1093/cid/ciad216