# QUIZ
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Question No: 1

The true statement about **New Delhi metallo-beta-lactamase (NDM-1) is**

1.It is a Class A Beta lactamase

2.Not Inhibited by Avibactam and Vaborbactam

3.Imipenem-cilistatin-relebactam is a preferred option

4.Most strains do not respond to Tetracyclines

# Answer : 2 Not Inhibited by Avibactam and Vaborbactam

The most clinically important Class B carbapenemase is the New Delhi metallo-beta-lactamase (NDM-1)
MBLs can be inhibited by EDTA; however, not inhibited by beta-lactamase inhibitors
MBLs **confer resistance** to almost all beta-lactams
Aztreonam avibactam or ceftazidime – avibactam with aztreonam is effective AGAINST MBLs

MBLs do not confer resistance to aztreonam, but the organisms typically carry other resistance mechanisms that result in resistance to aztreonam . By adding avibactam, these resistance mechanisms are overcome, and aztreonam regains its activity

# WINNER

- Dr. Kumaresh
- Final Year DM Resident
- GMKMCH SALEM

1. Question No: 2

All these drugs can be used for treatment of infections with Strenotrophomonas Maltophilia except

1.Ceftazidime
2.Minocycline
3.Cefiderocol
4.Trimethoprim- Sulfomethoxazole

# Ans: 1. Ceftazidime

- *Stenotrophomonas maltophilia* is an aerobic, glucose non- fermenting, gram-negative bacillus that is ubiquitous in water environments
- Produces biofilm and virulence factors that enable colonization or infection in vulnerable hosts
- has the potential to cause serious disease, particularly in patients with underlying pulmonary conditions such as cystic fibrosis or ventilator dependency
- Any of 2 approaches are preferred options for the treatment of *S. maltophilia* infections:

  (1) the use of 2 of the following agents: cefiderocol, minocycline, TMP-SMX, or levofloxacin or

  (2) the combination of ceftazidime-avibactam and aztreonam.
- Ceftazidime is not a suggested treatment option for *S. maltophilia* infections due to the presence of β-lactamase genes intrinsic to *S. maltophilia*

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# Thank You