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Introduction

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This supplement represents the proceedings of a symposium, which took place during the ECC-MID 2007, entitled 'Selecting Empiric Antibiotic Therapy in an Era of Multi-Drug Resistance—Is the Cupboard Really Bare?' In one form or another, that question has been asked many times before. Not unexpectedly, in reading the four contributions, one will not find an unambiguous answer, and the authors address the question from quite different angles. However, with no reading between the lines required, so much will be clear: the cupboard is not completely full.

G. M. Rossolini and E. Mantengoli highlight the resistance situation in Europe, which empirical therapy must take into account, by reviewing currently available data and trends, particularly with respect to the major culprits, methicillinresistant *Staphylococcus aureus*, extended-spectrum β-lactamase-producing *Enterobacteriaceae*, and multidrug-resistant Gram-negative non-fermenters.

M. Caínzos discusses available treatment guidelines as focused on skin and soft tissue infections and complicated intra-abdominal infections, also with emphasis on the problems raised by multidrug-resistant pathogens and their increased prevalence.

Four new compounds, derived from the cephalosporin, carbapenem, dihydrofolate reductase inhibitor and tetracycline classes of antibiotics, with greater intrinsic activity, or the capacity to evade resistance mechanisms, or both, are the subject of the two other articles.

All of the new compounds—will they be fit to fill a space in the cupboard?—have been evaluated in phase 3 studies.

Scrutinizing the 'antimicrobial horizon', to use his term, G.L. French gives a comprehensive overview of the spectrum of activity, pharmacokinetic–pharmacodynamic and clinical trial data available for ceftobiprole, doripenem, and iclaprim.

While giving a similarly comprehensive overview of tigecycline, L.R. Peterson uses the occasion to discuss the concept of monotherapy as a possible means of reducing drug pressure that, as he puts it, 'might lead to a slowing of resistance development'.

Taken together, the contributions to this issue present selected, but nonetheless ample, data concerning antimicrobial resistance and antimicrobial therapy—and material for reflection.

TRANSPARENCY DECLARATION

E. Collatz attended the symposium as a journal-appointed editor; he did not have a role in the symposium and had no relationship with the symposium organizers. He has received in the past a grant-in-aid from Wyeth Pharmaceuticals.

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