

DOCUMENTATION: Same as for Indication VI.

VIII. Surgical infections: infected sinus tract.

EVALUATION: Possibly effective.

COMMENTS: Chloramphenicol may be useful in some instances in which the organisms have been shown to be sensitive only to it. Many sinus tract infections are caused by tuberculosis and actinomycosis. Chloramphenicol is not indicated in tuberculosis, and other agents are preferred in actinomycosis. Some sinus tracts associated with fistula from viscera, including intestines, may be predominantly infected with fecal flora. In these, chloramphenicol may be the single most effective agent. When other agents appear equally effective in laboratory test they should be tried first. There is rarely great urgency in treating sinus tract infections with antibiotics.

The specific organisms for which chloramphenicol has been proved effective therapy (in this condition) should be listed.

DOCUMENTATION:

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2. Bloomer, W.E., S. Giammona, G.E. Lindskog, and R.E. Cooke. Staphylococcal pneumonia and empyema in infancy. J. Thorac. Surg. 30: 265-274, 1955.
3. Carmichael, D.B., Jr. Fatal bacterial endocarditis due to staphylococcus aureus. U.S. Armed Forces Med. J. 4:287-294, 1953.
4. Hausmann, W., and A.J. Karlish. Staphylococcal pneumonia in adults. Brit. Med. J. 2:845-847, 1956.
5. Kanof, A., B. Epstein, B. Kramer, and I. Mauss. Staphylococcal pneumonia and empyema. Pediatrics 11:385-392, 1953.
6. Lepper, M.H., P. Tillman, and R. Devetsky. Patterns of transmission of staphylococci. Ann. N.Y. Acad. Sci. 128: 404-427, 1966.
7. Martin, C.M., C.M. Kunin, L.S. Gottlieb, and M. Finland. Asian influenza A in Boston, 1957-58. II. Severe staphylococcal pneumonia complicating influenza. A.M.A. Arch. Intern. Med. 103: 532-542, 1959.
8. Wallman, I.S., R.C. Godfrey, and J.R.H. Watson. Staphylococcal pneumonia in infancy. Brit. Med. J. 2:1423-1427, 1955.
9. Woodward, T.E., and C.L. Wisseman, Jr. Chloromycetin, pp. 122-124. Antibiotics Monographs No. 8. New York: Medical Encyclopedia Inc., 1958.

IX. Surgical infections: peritonitis or intra-abdominal abscesses from ruptured intestines, diverticula, or appendix.

EVALUATION: Possibly effective.