



HEMATOLOGY, TRANSFUSION AND CELL THERAPY

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Letter to the Editor

Cutaneous T-cell lymphomas may require an exception to the ABHH consensus regarding empiric vancomycin use in febrile neutropenia

1 Dear Editor,

2 We read with great interest the recently published guidelines
3 "Management of febrile neutropenia: consensus of the Brazil-
4 ian Association of Hematology, Hemotherapy and Cell Ther-
5 apy - ABHH" by Nucci et al. [1]. We fully support the overall
6 recommendations, particularly the more conservative
7 approach to the use of vancomycin as part of the empiric anti-
8 biotic regimen, which is well justified by recent epidemiologi-
9 cal evidence [2–5]. However, we would like to highlight a
10 specific subgroup of patients who, in our view, should be con-
11 sidered an exception to the general recommendation against
12 routine empirical anti-MRSA coverage: patients with
13 advanced-stage cutaneous T-cell lymphomas (CTCL), particu-
14 larly those with Sézary syndrome or extensive mycosis fun-
15 goides.

16 As noted in several studies, these patients have a signifi-
17 cantly higher risk of skin and bloodstream infections caused
18 by *Staphylococcus aureus*, including methicillin-resistant
19 strains (MRSA) with this being one of the main causes of
20 death [6–8]. The combination of profound immune dysregu-
21 lation, extensive skin barrier disruption, and frequent coloni-
22 zation with *S. aureus* places these patients at a distinctively
23 high risk of infections, which may progress rapidly to sepsis
24 and death [9,10]. Additionally, the epidemiological studies
25 cited in the guidelines to support the recommendation
26 against empirical anti-MRSA coverage do not include a suffi-
27 cient representation of patients with CTCL [2–5], making it
28 difficult to extrapolate findings for this population.

29 Given these considerations, we suggest that advanced-
30 stage mycosis fungoides and Sézary syndrome patients
31 should be explicitly recognized as a subgroup that may war-
32 rant empirical anti-MRSA coverage in cases of febrile neutro-
33 penia until further studies focusing on this specific
34 population bring additional valuable information to optimize
35 their management.



Conflicts of interest

The authors declare that they have no known competing
financial interests or personal relationships that could have
appeared to influence the work reported in this paper.

REFERENCES

1. Nucci M, Arrais-Rodrigues C, Bergamasco MD, Garnica M, Glo-
ria ABF, Guarana M, et al. Management of febrile neutropenia:
consensus of the Brazilian Association of Hematology, Blood
Transfusion and Cell Therapy - ABHH. *Hematol Transfus Cell
Ther.* 2024;46(Suppl 6):S346–61. [https://doi.org/10.1016/j.
htct.2024.11.119](https://doi.org/10.1016/j.htct.2024.11.119).
2. Martinez-Nadal G, Puerta-Alcalde P, Gudiol C, Cardozo C,
Albasanz-Puig A, Marco F, et al. Inappropriate empirical anti-
biotic treatment in high-risk neutropenic patients with bac-
teremia in the era of multidrug resistance. *Clin Infect Dis.*
2020;70(6):1068–74. <https://doi.org/10.1093/cid/ciz319>.
3. Guarana M, Nucci M, Nouér SA. Shock and early death in
hematologic patients with Febrile Neutropenia. *Antimicrob
Agents Chemother.* 2019;63(11).
4. Chumbita M, Puerta-Alcalde P, Gudiol C, Garcia-Pouton N,
Laporte-Amargós J, Ladino A, et al. Impact of empirical antibi-
otic regimens on mortality in neutropenic patients with
bloodstream infection presenting with septic shock. *Antimi-
crob Agents Chemother.* 2022;66(2):e0174421. [https://doi.org/
10.1128/AAC.01744-21](https://doi.org/10.1128/AAC.01744-21).
5. Beyar-Katz O, Dickstein Y, Borok S, Vidal L, Leibovici L, Paul M.
Empirical antibiotics targeting gram-positive bacteria for the
treatment of febrile neutropenic patients with cancer. *Cochrane
Database Syst Rev.* 2017;6(6):CD003914. [https://doi.
org/10.1002/14651858.CD003914](https://doi.org/10.1002/14651858.CD003914).
6. Axelrod PI, Lorber B, Vonderheid EC. Infections complicating
mycosis fungoides and sézary syndrome. *JAMA.* 1992;267
(10):1354–8.

- 69 7. Lebas E, Collins P, Somja J, Nikkels AF. Causes of death in cuta- 85
70 neous T-cell lymphoma patients. *Dermatology*. 2023;239 86
71 (6):860–7. <https://doi.org/10.1159/000531979>. 87
- 72 8. Blaizot R, Ouattara E, Fauconneau A, Beylot-Barry M, Pham- 88
73 Ledard A. Infectious events and associated risk factors in
74 mycosis fungoides/Sézary syndrome: a retrospective cohort
75 study. *Br J Dermatol*. 2018;179(6):1322–8. [https://doi.org/](https://doi.org/10.1111/bjd.17073)
76 [10.1111/bjd.17073](https://doi.org/10.1111/bjd.17073). 89
- 77 9. Lebas E, Arrese JE, Nikkels AF. Risk factors for skin infections 90
78 in mycosis fungoides. *Dermatology*. 2016;232(6):731–7. 91
- 79 10. Talpur R, Bassett R, Duvic M. Prevalence and treatment of 92
80 *Staphylococcus aureus* colonization in patients with mycosis 93
81 fungoides and sézary syndrome. *Br J Dermatol*. 2008;159 94
82 (1):105–12. 95

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