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Title: Thrombocytopenia predicts severity and mortality in CAP – Experience of developing country hospital

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Body: Background: Platelets play role in inflammation and host defense mechanisms against microbial agents. We hypothesized that abnormal platelet count in CAP does predict severity and mortality. The objectives of this study were to determine the association of abnormal platelet count with the severity and outcome of CAP patients during their hospital stay. Methodology: We conducted a retrospective cohort study of 293 consecutive patients admitted to a tertiary care hospital in Pakistan with CAP between January 2006 and December 2010. Patients with CAP who had abnormal platelet count at the time of presentation were placed in one group while those who had normal platelet count in other group. Dependent variable of the study was in hospital mortality. Results: Thrombocytopenia was strongly associated with in hospital mortality ($P = < 0.05$). It was also associated with complications like respiratory failure, need for mechanical ventilation and complicated para-pneumonic effusion. Conclusion: Thrombocytopenia at presentation in patients with CAP predicts in hospital mortality. It is cost effective when compared to CRP. It is good predictor of mortality for CAP in poor countries. Abbreviations: CAP = Community Acquired Pneumonia. CRP = C Reactive Protein.