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Title: CURB 65 or CURB (S) 65 for community acquired pneumonia?

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Body: The CURB-65 score (confusion, blood urea >42,8 mg/dl, respiratory rate> 30/min, blood pressure < 90/60 mm Hg, age> 65) is quite a practical method for determining the need for hospitalization in community-acquired pneumonia. On the other hand, it is a known fact that CURB-65 is rather more sensitive for determining patients with severe illness, and lacks sensitivity towards other factors dealing with milder cases. The purpose of this study is to investigate factors that determine the need for hospitalization in patients not requiring hospitalization according to CURB-65. The study was undertaken on 54 patients diagnosed with pneumonia and were recorded to the TTD pneumonia database between 2010-2012. Nineteen (35,2%) of the patients were female while 35 (64,8%) were male. The mean age was 67,5. The total treatment time, duration of hospitalization, saturations (SpO2), partial arterial oxygen pressures (PaO2) and mean pneumonia severity index (PSI) values were compared between 15 patients recieving 0-1 CURB-65 points (27.8%) (Group 1) and 39 patients receiving 2 or more CURB-65 points (72.1%) (Group 2). According to the data, the mean PSI score in Group 1 (74,93 ± 30,45) and in Group 2 (106,61± 37,4) were statistically different (p=0,003) even though their SaO2, paO2, hospitalization and treatment time were similar (Group 1 SaO2: 89±8,45, PaO2: 53,0±8,72; Group 2 SaO2: 89,23±5,94, PaO2: 54,61±8,48; p< 0,05). The study shows that although the PSI are different, low SaO2 levels in both groups show that hypoxemia is the main factor for hospitalization in patients with low CURB indexes. Therefore we propose that the CURB(S) 65 hypothetic index is a better determinant than CURB 65 for hospitalization.