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Title: Macrolides vs quinolones in Legionella pneumonia treatment: CAPAVANT group. Valencia (Spain)

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Body: Background There is not data enough to assure Quinolones are more effective than Macrolides in Legionella pneumonia treatment (CAP-L). We analyzed differences at CAP-L evolution related to the antibiotic employed. Method:12 months prospective, multicenter and longitudinal study in 10 hospitals of a Spanish area, enrolling consecutive CAP patients. Differences in illness severity scores (PSI and CURB65), clinical-radiological findings, length of hospital stay (LOS), outcomes, and mortality were analyzed in a subgroup of CAP-L patients, divided in two groups: Group A CAP-L treated with Macrolides and Group B treated with Quinolones. Statistics: Independent-samples T test and X² test. Results:From 1314 cases of CAP, 11,2% were CAP-L, 70,1% men, mean age 62,23 ±16 years old. 37,2% were included in Group A and 54,7% in Group B. 89,9% of cases were admitted in hospital for treatment, with LOS of 8,9±6,7 days, and no differences between the two groups (A 8,33± 4,2 days vs B 9,15±6,8, p=0.52). No differences were observed in clinical or radiological data, neither in blood gas analysis nor illness severity by PSI or CURB65 scores at admittance between the two groups. Evolution time until treatment administration was 4,63±2,8 days (A 4,85±3,17 vs B 4,52±2,73 days; p=0.74). Clinical evolution was similar in two groups with ICU admittance in 6,1% (A 5,5% vs B 7,4%, p=0.58), mechanical ventilation in 4,1% (A 3,6% vs B 4,9%, p=0.7), respiratory failure in 10,1% (A 10,9% vs B 8,6%, p=0.67), and death in 3,4% (A 5,5% vs B 1,2%; p= 0.25). Conclusion: In our experience, evolution of CAP-L patients is similar, if they are both treated with Macrolides or with Quinolones, with a low global mortality rate.