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Title: The role of the fiberoptic bronchoscopy in the management of community-acquired pneumonia in adults

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Body: Fiberoptic bronchoscopy (FBO) in Community-Acquired Pneumonia (CAP) is indicated in Intensive Care settings, in Immunocompromised patients and in CAP not responsive to antibiotic treatment. The FBO has a dual role to allow a targeted bacterial isolation and a more accurate toilet of tracheobronchial secretions in the airways. Aim and Methods: 98 pts (81 M, mean age 68 yrs, BMI 25) with diagnosis of CAP, from 2010 to 2011, were evaluated by performing a FBO. All patients were selected according to the values of pH, PaO₂/FiO₂, PaCO₂ mmHg and evaluation of APACHE III score, Kelly-Matthay score and CURB-65 score.

Caracteristics of both group in admission

	Pts with FBO (n° 58)	Pts without FBO (n°23)
PH	7.27	7.24
PaO ₂ /FiO ₂	163	181
PaCO ₂ mmhg	52	66
APACHE III score	71	68
Kelly-Matthay score	3.4	2.8
CURB-65 score	3	3

Results: In 47 out of 58 patients, those undergoing FBO, were identified pathogenic species on bronchial mucus aspirated, with a higher prevalence of Pseudomonas aeruginosa and Entero-bacteracee. The improvement of respiratory symptoms and laboratory parameters, at a mean of 4 days from the execution of the FBO, was obtained. Moreover, we observed a reduction in the average time of hospitalization (9 vs 14 gg). **Conclusions:** In this study, is evident that the routine application of FBO may lead to the identification of

a high percentage of pathogens (81% in our patients), significantly reduce the time of hospitalization and limit the costs associated with complications.