

# European Respiratory Society Annual Congress 2012

**Abstract Number:** 1578

**Publication Number:** P2005

**Abstract Group:** 2.1. Acute Critical Care

**Keyword 1:** Mechanical ventilation **Keyword 2:** COPD - exacerbations **Keyword 3:** Pneumonia

**Title:** Clinical analysis of patients treated with mechanical ventilation in an emergency respiratory ward

Dr. Valentina 12303 Dimitrova itu1val@abv.bg MD <sup>1</sup>, Prof. Dr Marinka 12304 Peneva marinka\_peneva@mail.bg MD <sup>2</sup> and Prof. Dr Kamen 12305 Yankov kamen\_yankov@yahoo.com MD <sup>3</sup>. <sup>1</sup> Clinic of Pneumology and Phtysiatry, Multi - Profile Hospital of Active Treatment "St. Marina", Varna, Bulgaria ; <sup>2</sup> Clinic of Pneumology and Phtysiatry, Multi - Profile Hospital of Active Treatment "St. Marina", Varna, Bulgaria and <sup>3</sup> Clinic of Pneumology and Phtysiatry, Multi - Profile Hospital of Active Treatment "St. Marina", Varna, Bulgaria .

**Body:** Aim: To make analysis of indications, duration, complications and outcome of the mechanical ventilation in patients treated in the Emergency Respiratory Ward. Data and methods: A retrospective analysis of the patients in the Emergency Respiratory Ward treated with mechanical ventilation during the last 5 years (2007-2011) has been made. 191 patients (10,33%) from the total number of patients (1848) needed mechanical ventilation. Results: The percentage of patients, treated with mechanical ventilation, does not differ substantially during the studied years – from 10,81% in 2007 to 11,68% in 2011. The most common reason for heavy respiratory insufficiency, demanding mechanical ventilation, is pulmonary pathology (81,67%) as the greatest percentage belongs to COPD exacerbation and its complications (pneumonia) – 134 patients (85,90%). The most common reasons from the non-pulmonary pathology are alveolar hypoventilation in case of extreme obesity, chest deformations, left - side cardiac insufficiency. The usual duration of mechanical ventilation is 15 days as there are no significant differences in the studied years – from 77,14 % to 87,10 %. 7 of the patients (3,66 %) have a verified diagnosis ventilator – associated pneumonia. The total number of patients with lethal outcome is 66 (34,50 %) as there are no significant differences in the studied years. Conclusion: About 10 % of the patients, treated in Emergency Respiratory Ward, need mechanical ventilation as the most common pulmonary pathology is COPD. Problematic microbial flora, most often Gram +/- strains are isolated in tube secrets, which significantly deteriorates the prognosis and leads to lethality in 34,50 % of the cases.