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Title: Comparative study of community-acquired pneumonia between diabetic and nondiabetic patients with hyperglycemia

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Body: **AIM:** To study the differences in clinical presentation and evolution of community acquired pneumonia (CAP) between patients with known-diabetes and non-diabetic but with hyperglycemia status (HG) at hospital admission. **METHODS:** We performed a prospective, observational study of patients admitted to Pneumology department consecutively with a diagnosis of CAP. The plasma glucose levels were measured on admission and patients were divided into two groups: diabetic patients and non-diabetic with HG. We consider HG when plasma glucose level =>200mg/dl. We studied different variables, included severe clinical course (mortality and/or septic shock and/or invasive mechanical ventilation (IMV) during hospital stay. **RESULTS:** we studied 1389 patients, 274 were known diabetic and 53 (3,8%) were non-diabetic with HG.

table 1

	Diabetic	Non-DM with hiperGlc	
	N= 274 (19,7%)	N= 53 (3,8%)	
MEANS			
Age (years)	69,5	71,6	ns
Respiratory frequency (bpm)	21,7	24	0,007
Clinical stability (days)	4,3	6,8	0,001
Hospital stay (days)	6,7	12,1	0,003
PERCENTAGES			
Respiratory comorbidities	33,3	52,5	0,02

Dyspnoea	58,8	77,4	0,011
Altered mental status	16,8	7,5	0,08
Typical auscultation	59,4	25	0,001
Pleural effusion	2,2	13,2	0,001
ICU admission	8,8	18,9	0,027
IMV	4	11,3	0,04
FINE score =>4	84,7	83	Ns
Mortality	6,2	9,4	Ns
Severe clinical course	9,9	20,8	0,023

CONCLUSIONS: 1.- Non-diabetic patients with HG had a more severe clinical course comparing to known-diabetic, although mortality was similar. 2.- Non-diabetic patients with HG had more respiratory comorbidities, reached clinical stability later, had a higher admission to ICU and needed more IMV, with a longer hospital stay. 3.- 4% of patients admitted with a CAP had a not-known HG.