European Respiratory Society
Annual Congress 2013

Abstract Number: 814

Publication Number: P2759

Abstract Group: 10.1. Respiratory Infections

Keyword 1: Immunosuppression **Keyword 2:** Pneumonia **Keyword 3:** Infections

Title: Prognosis of pneumocystis jirovecii pneumonia in non-HIV patients

Ms. Zehra Nur 7670 Töreyin ntreyin@gmail.com MD [1], Mrs. Pervin 7671 Ekren pervinkorkmaz@yahoo.com MD [1], Mrs. Ayse 7672 Caner ayse.caner@ege.edu.tr MD [2], Mrs. Seray 7673 Töz seray.toz@ege.edu.tr MD [2], Mrs. Alev 7674 Gürgün alev.gurgun@ege.edu.tr MD [1], Mrs. Hatice 7675 Uluer hatice.uluer@ege.edu.tr [3] and Ms. Feza 7689 Bacakoglu fezabacakoglu@yahoo.com MD [1]. [1] Department of Chest Diseases, Ege University Medical Faculty, Izmir, Turkey ; [2] Department of Parasitology, Ege University Medical Faculty, Izmir, Turkey and [3] Department of Biostatistics and Medical Informatics, Ege University Medical Faculty, Izmir, Turkey .

Body: Pneumocystis jirovecii pneumonia (PcP) is an opportunistic infection which can have different prognosis and progression among patients with HIV and non-HIV. It is still controversial whether Cytomegalovirus (CMV) co-infection worsens the prognosis or not. In this retrospective study, we aimed to investigate the effect of CMV co-infection in the prognosis of patients with PcP. In the study 20 immunocompromised non-HIV PcP (median age 54.3±15.3 yrs, 13 males) patients who were admitted to our clinic from January 2009 to December 2012 were included. Demographic characteristics of the patients, immunosupressive therapy, anti-microbial prophylaxis, clinical, laboratory, radiological findings, the diagnostic method, the data for the presence and treatment of co-infection and respiratory failure were recorded. On admission, 16 (80%) of the patients were on corticosteroid treatment. The median APACHE II Score was 19.0 (9-40), PaO_2/FiO_2 ratio was 147.5 (78-471). PcP diagnosis was made by microscopic examination in 2 cases and by PCR in 14 cases while in 4 cases both method was used. During follow-up, co-infection occured in 17 (85%) of the patients. 16 (80%) of them developed ARDS, 17 (85%) of the patients required invasive mechanical ventilation and 14 (70%) of them died. Mortality rates were higher in patients who developed ARDS, were intubated and co-infected (p=0.01, p=0.018, p=0.018, respectively). Twelwe (70.8%) of the patients had CMV co-infection. Progression to ARDS and intubation rates were higher (p=0.036 and p=0.049, respectively) in these patients. In conclusion; among the non-HIV patients with PcP, progression to ARDS and mortality rates are higher in the presence of co-infection especially with CMV.