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Title: Community acquired pneumonia in patients with ambulatory treatment. Etiology and evolution

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Body: To know the etiology, evolution, and rentability of inflammatory markers in the etiological diagnosis, clinical and radiological evolution and the correlation with the prognostic scales. **METHODS:** We included patients evaluated in the emergency department (Sept 2011-Aug 2012) with the diagnosis of CAP that received ambulatory treatment and came to a follow up visit 3 days after the diagnosis was made. **RESULTS:** N=62 (52% male). Mean age: 47.7±17.4. Charlson Index: 0.45 (0-3). PSI: I-67%, II-21%, III-11%, IV-1%; CURB65: 0-82%, 1-18%. Etiological diagnosis in 61.3%: 34% *S.pneumoniae*, 5% *L.pneumophila*, 16% atypical bacteria and 45% virus. On the third day: 21% complete radiological resolution, 58% partial resolution and 5% worsening. The relationship of the inflammatory markers with the etiology is shown in Figure 1 and the radiological evolution in Figure 2. 4 patients were hospitalized on the third day follow up visit. **CONCLUSIONS:** Viruses were the most frequently pathogens associated with the CAP. PCT can help predict the etiology. Low levels of PCT are associated with an early radiological resolution. PCT can contribute to a lesser use of antimicrobial agents or to optimize its duration.