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Title: Importance of early bronchoalveolar lavage in immunocompromised patients

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Body: Background and objective It is becoming increasingly necessary to identify the cause of extensive lung infiltrates in immunocompromised patients. Accordingly, we used bronchoalveolar lavage (BAL) to evaluate the clinical relevance of early microbiological isolation in immunocompromised patients and to establish the most frequent microbiological causes for each risk group. Patients and method We conducted a retrospective review of 196 BAL performed at Virgen de las Nieves Hospital (Granada, Spain) between January 2008 and December 2012 on immunocompromised patients with suspected opportunistic infections. Results In 69.8% of patients, BAL was performed within 72 hours of admission ($p < 0.002$). Of the 196 patients, microorganisms were isolated in 57.6%: *P. jiroveci* (20%) *Aspergillus* spp. (12%), gram-positive and gram-negative bacteria (10%), viruses (4.5%) and mycobacteria (6%). Patients were classified according to the cause of the immunosuppression. *P. jiroveci* was the most common microorganism in transplantation recipients and HIV patients (43.5% and 30.5%, respectively), while in drug-induced immunosuppression case, *Aspergillus* was the most common. In 40% of cases, specific antibiotic or antifungal therapy was prescribed after isolation. Due to their immunodepression state, immunocompromised patients have a 7.41 times higher risk of death, resulting a 10% deaths secondary to the infectious process. Conclusions: Microbiological isolates in immunocompromised patients are higher than in immunocompetent ones, so early BAL would increase the etiological diagnosis and would decrease the polymedication and side-effects as well as to reduce the complications secondary to the infection process.