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Title: Microbial aetiology and outcomes of CAP in bronchiectatic patients

Dr. Eva 5914 Polverino epolveri@clinic.ub.es MD¹, Dr. Rosario 5915 Menendez rosmenend@gmail.com MD², Dr. Catia 5916 Cilloniz catiacilloniz@yahoo.com¹, Rosanel 6107 Amaro ramaro@clinic.ub.es¹, Mr. Albert 5921 Gabarrus agabarrus@clinic.ub.es¹, Dr. Jordi 5918 Puig de la Bellacasa jpuig@clinic.ub.es MD⁴, Dr. Jacobo 8140 Sellares sellares@clinic.ub.es MD¹, Dr. Beatriz 8142 Montull bmontull@hotmail.com², Dr. Josep 5917 Mensa jmensa@clinic.ub.es MD³ and Prof. Dr Antoni 5919 Torres atorres@ub.edu MD¹.¹ Respiratory Disease Department, Hospital Clinic, Barcelona, Spain, 088036 ;² Respiratory Disease Departement, Hospital La Fe, Valencia, Spain ;³ Infectious Disease Department, Hospital Clinic, Barcelona, Spain, 08036 and⁴ Microbiology Department, Hospital Clinic, Barcelona, Spain, 08036 .

Body: Background: Non cystic fibrosis-bronchiectasis (NCFBE) are characterised by frequent pneumonia (CAP). Nonetheless, the knowledge on clinical characteristics of CAP in NCFBE is poor and no specific recommendations are currently available. Objectives: to investigate clinical and microbiological characterisation of NCFBE patients with CAP. Methods: prospective, observational study of 3719 CAP patients (2000-2011). Results: we found 130(3.5%) CAP patients with NCFBE that, compared with non-bronchiectatic CAP showed: older age(CAP-NCFBE: 71yrs vs CAP: 65yrs), less male gender (43% vs. 62%), more vaccinations (pneumococcal:40% vs 15%; influenza:61% vs 42%), comorbidities($n \geq 2$: 43% vs 26%), previous antibiotics (37% vs 22%) and inhaled steroids(51% vs 17%)($p < 0.05$ each). *S.pneumoniae* was the most frequent isolate (CAP-NCFBE 39%, CAP 42%; $p = 0.64$), followed by mixed aetiology (27.3% vs 12.6%; $p < 0.01$), viruses (7.6% vs 15.4%; $p = 0.08$), atypicals (4.5% vs 8%,NS), *E.coli* (3% vs 0.9%,NS), *Legionella* (1.5% vs 6.9%,NS). *P aeruginosa* was more prevalent among CAP-NCFBE (18.2% vs. 3.0%, $p < 0.01$) especially in mixed aetiology, such as *H. influenzae* (10.6% vs. CAP 2.7%, $p < 0.01$) while *S. aureus* (6.1% vs 3.5%, NS) was infrequent. Despite similar mortality (CAP-NCFBE, 3.8% vs CAP 7.2%, NS), and length of hospitalization (median, 6 vs. 7days, $p = 0.13$), NCFBE patients needed more hospitalization (97% vs 84%, $p < 0.01$) and ICU (23.8% vs 16.2%, $p < 0.03$). The presence of NCFBE was a risk factor for ICU (OR:2.9) in CAP (multivariate analysis). Conclusions: CAP-NCFBE patients are usually older and have more comorbidities, present an increased prevalence of mixed aetiology with *P. aeruginosa* or *H. influenzae* and an increased risk of hospitalization and ICU.