Factors related with prolonged length of stay in good prognosis community acquired pneumonia

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Body: Aim: to know the reasons related with a prolonged hospitalization in patients with low risk community acquired pneumonia (CAP). Methods: Prospective, multicenter study, 6 Spanish hospitals. Inclusion: admission due to CAP between 10/1/2008 and 10/1/2010, x-ray confirmatory and a pneumonia severity index (PSI) 1 or 2. Two groups: prolonged length of stay (PLOS)- hospitalization higher than the mean length of stay- and short length of stay (SLOS). Results: 155 patients were analyzed (56,1% men, 45,7 yo (SD 15,1). No differences in toxic habits, oral intolerance, previous antibiotic treatment or comorbidities. No differences in microbiological diagnosis, ICU admission, re-admission or mortality at 30 and 60 days. There were no differences in the clinical and laboratory results which play a role in the PSI score, with the exception of pleural effusion which was more frequent in patients with PLOS [13(19.1%) vs. 4(4.6%); p=0.004]. SLOS had a shorter duration of intravenous antibiotic therapy [10.3[SD 2.52]; vs. 15.57[SD 8.3 days]], p<0.001; and SLOS patients were treated more frequently with levofloxacin in monotherapy [58(66.7%) vs. 34 (50%); p=0.036]. Patients with SLOS were admitted more frequently if the reason for admission were presence of an unstable comorbidity [7[10.3%] vs. 2[2.3%]; p=0.035, tachycardia [6[8.8%] vs. 0; p=0.005], renal failure[11[16.2%] vs. 4[4.6%] or empyema’s suspicion [6[8.8%] vs. 0; p=0.005). Conclusions: Tachycardia, renal failure, pleural effusion, empyema suspicion and the presence of an unstable comorbidity as the reason for admissions, plus a lower treatment with levofloxacin are related with a prolonged hospitalization in low risk CAP patients admitted to hospital.