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**Title:** Differential characteristics of patients with mild acute respiratory distress syndrome due to community-acquired pneumonia admitted to ICU

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**Body:** Aims: To determine the characteristics of patients with community-acquired pneumonia and mild acute respiratory distress syndrome (CAP-mild ARDS) who require ICU admission. Methods: Analysis of demographic characteristics, comorbidities, etiology and outcomes of patients with CAP-mild ARDS admitted to ICU comparing to those who did not. X<sup>2</sup>, t student and logistic regression were used to compare both groups. Results: In a series of 1314 CAP patients, 164 (12.5%) showed mild ARDS at admission, of whom 25% (41 cases) were admitted to ICU. ICU patients were younger [57.5 (16) vs. 68.7 (15.4) years, p<0.01], and had a lower duration of symptoms [3.4 (1.9) vs. 6.5 (6) days, p<0.01] than no ICU patients. Pneumonia severity was higher in ICU group (PSI V: 39% vs. 17.1%; p=0.004). Multivariate analysis showed that age <65 years (OR 9.79, 95%CI 3.13-30.68), septic shock (OR 7.76, 95%CI 2.36-25.50), and PSI V (OR 7.28, 95%CI 2.16-24.56) were associated with ICU admission in CAP-mild ARDS patients; they showed a longer length of stay (LOS) [27 (28.6) vs. 10.6 (6) days, p<0.01] and more complications compared to those that were treated in a general ward (100% vs. 4.9%, p<0.01). Mortality was higher in ICU CAP mild-ARDS group but not statistically significant (17.1% vs. 7.3%, p= 0.068). Conclusions: 1-In our series, 25% of patients with CAP-mild ARDS required ICU admission. 2- Age <65 years, the presence of septic shock, and pneumonia severity were factors that determine ICU admission of CAP-mild ARDS patients in our series. 3-Patients with CAP-mild ARDS and ICU admission showed more complications and longer LOS without differences in mortality.

