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Title: Comparison of procalcitonin and CURB-65 in pneumonia

Savas 3097 Ozsu savasozsu@gmail.com MD ¹, Ismail 3098 Yilmaz ismailyilmaz@hotmail.com ¹, Yasin 3099 Abul abulyasin@yahoo.com ¹, Funda 3100 Öztuna foztunaq@meds.ktu.edu.tr ¹, Yilmaz 3101 Bulbul bulbulyilmaz@yahoo.com ¹ and Tefvik 3102 Ozlu ozlutevfik@yahoo.com ¹. ¹ Department of Pulmonary, Karadeniz Technical University Faculty of Medicine, Trabzon, Turkey .

Body: CURB-65 score, pneumonia and hospital admission decision as well as useful and simple clinical scoring method for prognosis. CURB-65 score, ≥ 2 is recommended for patients with inpatient treatment. The other hand, procalcitonin (PCT), a marker for determining prognosis of pneumonia. CURB-65 score and PCT levels were compared in this study. In this study 58 patients were admitted to our clinic due to common acquired pneumonia. Patients, the clinical and laboratory findings were recorded. CURB-65 score was calculated. CURB-65 score in patients with Group-1 (score, <2) and GrupII-(score, ≥ 2) as divided into 2 groups. (Normal value: Procalcitonin <0.1 , CRP <0.5). In our study, median age 68 (18-96) was found. The most frequent clinical symptoms were cough (83%), dyspnea (71%) and fever (67%), respectively. In group-I, mean PCT level was 3.6 ± 7.7 , in Group-II PCT was 9 ± 20 ($p = 0.028$). The average white blood cell was 12.9 ± 6.6 and was 13.3 ± 6.2 2. ($p > 0.05$), CRP level of 18.2 ± 1.0 , and 19.8 ± 1.4 ($p > 0.05$), respectively. Total 11 (19%) patients died. The median value of PCT was significantly higher in patients who died (2.2 vs. 0.45, $p = 0.012$). Similarly, CRP was significantly higher in patients who died (33 vs. 14, $p = 0.016$). PCT levels were positively correlated with the CURB-65 score ($r = 0.296$, $p = 0.024$). As a result, PCT levels correlated with a CURB-65 score in pneumonia. Initial PCT level may be considered in patients with pneumonia.