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Title: Community acquired pneumonia in asthma patients

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Body: Background: Although asthma was the most common co-morbidity among patients hospitalized with pandemic influenza A (H1N1) infection, in community acquired pneumonia (CAP) there not data about the influence of asthma in its prognosis. The aim of this study was to compare the differences between asthma and non-asthma hospitalized patients with CAP. Methods: A prospective study was performed to investigate the characteristics, severity and outcomes of asthma patients hospitalized with CAP, in 2 respiratory clinics and an ICU during 2 years period. Results: During the study period 272 patients were recruited [median age 69.3 +/-9.5 years] and categorized in two groups: group A, asthma [n=19,age 55 +/- 20]) and group B non-asthma patients (n=251, age 65 +/-18years). Patients with asthma had more frequently comorbidities (90% vs. 75%, p=0,15). They had received more often antibiotics before admission (56% vs. 40%, p=0,19) and presented earlier to the hospital (3,6 vs. 5,15 days, p=0,382), with lower CURB65 class (1,6 vs. 2,3, p=0, 15) and lower CRP levels (10,78 vs.16, 83, p=0,23). Two patients died, but were elderly (mean age 88 years) persons with other underline diseases .

Table 1: Characteristics of asthma pts

Characteristics	Asthma pts,n=19	Non-asthma pts	p-value
Gender,female	14(74%)	101(40%)	0,004
Heart Failure	4(21%)	106(42%)	0,07
Neurological disease	4(2%)	42(17%)	0,03
D.M.	7(37%)	54(22%)	0,13
pre-antibiotic treatment	10(56%)	94(40%)	0,19
Hypoxemia	13(72%)	175(70%)	0,86

PAFI <250	9(50%)	98(40%)	0,38
Multilobar involvement	4(21%)	91(36%)	0,271
Death	2(11%)	16(6%)	0,002

Conclusions: CAP patients with asthma presented earlier to the hospital and with less severe disease. More data are needed for further evaluation of this comorbidity in pneumonia's course.