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Abstract (poster session)

**The evaluation of ribavirin use in patients with Crimean-Congo haemorrhagic fever**

N. Tulek, B. Ozturk\*, C. Bulut, G. Tuncer Ertem, FS. Erdinc, S. Altun, S. Kinikli, AP. Demiroz (Ankara, TR)

**Objectives:** Crimean Congo Hemorrhagic Fever (CCHF) is an important viral hemorrhagic disease with comparatively high mortality. While supportive care is the basic treatment, ribavirin usage as antiviral treatment is a debate. The aim of this study is to investigate the effect of ribavirin on mortality and morbidity in the patients with CCHF treated in our hospital. **Methods:** A case control study was conducted retrospectively between the years 2007 and 2011. In our hospital there are two independent infectious diseases departments. One of the departments had ribavirin in the treatment protocol of CCHF patients. Supportive care protocol was similar in both of the departments. The patients who had received at least 48 hours of ribavirin were included in the ribavirin group and they were monitored in the sense of probable adverse effects. The two groups were compared according to clinical course and laboratory findings. SPSS 15.0 package program was used for statistical analysis. **Results:** The study was conducted with 243 patients (122 male, 121 female) after excluding 7 deaths because of less than 48 hours hospitalization. The average age was 49.8 years (SD= 17.7). The ribavirin group was composed of 91 patients (37.4%). Both of the groups were similar in terms of age, gender distribution and laboratory results except PT and aPTT mean values (Table). For blood and blood products requirement, there was no statistically significant difference. One patient (1.1%) in ribavirin group and 8 patients (5.3%) in the other group died (p=0.096). In ribavirin group, 60% of the patients had received ribavirin in the first 4 days after onset of symptoms. No adverse effect was observed in the patients of ribavirin group during treatment. **Conclusion:** Although no statistical significance was detected in our study, ribavirin seems noteworthy in survival of CCHF patients. Besides, as we did not observe any adverse effects, ribavirin should not be excluded from the CCHF treatment protocol until convincing studies performed.

Table. Comparison of age, gender distributions and laboratory findings of both groups

	<b>Ribavirin group</b>	<b>Control group</b>	<b>p value</b>
	Mean (SD)	Mean (SD)	
Gender M/F (n)	47/44	75/77	0.728
Age (years)	48 (17)	51 (18)	0.261
Hgb (10 <sup>3</sup> /μL)	13.6 (1.8)	13.5 (1.9)	0.646
PLT (10 <sup>3</sup> /μL)	54644 (40924)	56204 (34946)	0.267
WBC (10 <sup>3</sup> /μL)	2459 (1494)	2837 (2134)	0.259
AST (U/L)	254 (246)	316 (640)	0.650
ALT (U/L)	110 (103)	137 (161)	0.254
LDH (U/L)	733 (566)	747 (729)	0.783
CK (U/L)	623 (700)	606 (1140)	0.056
PT (s)	13.1 (3.4)	12.0 (2.7)	<b>0.001</b>
aPTT (s)	43.2 (11.0)	40.3 (13.2)	<b>0.004</b>