

P2398 Prospective evaluation of septic shock patients in a tertiary care educational university hospital: a series of 527 cases

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Background: In this study it was aimed to evaluate the septic shock (SS) cases in terms of mortality and effecting variables for outcomes in a tertiary-care educational university hospital.

Materials/methods: Patients who had SS (sepsis+hypotension+adrenergic agent) and consulted by Infectious Diseases consultants between Dec 2013 and Sep 2018 in our center were followed up prospectively. Arterial lactate level of >2 mg/dL criterion was added as an including criteria for SS according to 3rd International Sepsis and Septic Shock Consensus Statement after 23rd Feb 2016. Statistical analysis was performed via Chi square test and a p value < 0.05 was considered significant.

Results: There were a total of 527 patients (mean age 65.94 ± 0.67 years and 43.8% female). Mean CRP, leukocyte count and procalcitonin levels were 17.49 ± 0.53 mg/dl, 16435 ± 723/mm³ and 23.63 ± 2.37 µg/L respectively. Arterial lactate level was available in 427 cases (mean:5.06 ± 0.20 mg/dL). The most common sites of infection were recorded as pneumonia (n:282) followed by intraabdominal infection (n:132) and urinary tract infection (n:117). Microbiological etiology was elucidated in 251 cases. The most common pathogens were 65 E. coli (43 ESBL+), 53 Klebsiella spp. (33 carbapenem-resistant), 37 yeasts and 31 Acinetobacter spp. In 71 out of 251 cases, >1 pathogen were isolated. Median values of the score systems were 11 for SOFA, 2 for qSOFA and 3 for SIRS, respectively. Among 136 patients qSOFA score was equal to three points and 30 day mortality rate was significantly higher (102/136 vs 235/391, p=0.001) among them. One month mortality was 63.9% (337/527) and significantly higher (95/132 vs 233/382, p=0.024) in the intraabdominal infection SS subgroup. In terms of mortality at one month, carbapenem+glycopeptide treatment versus other antibiotic regimens had no statistical difference (174/288 vs 101/152, p=0,214) but it was higher in colistin including versus non including regimens (53/67 vs 228/385, p=0.001).

Conclusions: SS patients have different properties in terms of infection source and it seems to be possible that qSOFA score >2 for sepsis screening seems to define the cases associated with poor outcome. Colistin empirical treatment should be analysed in further studies.