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Abstract (publication only)

Bloodstream infection among bone marrow transplant outpatients: risk factors for hospitalisation and death

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Introduction: Bloodstream infection (BSI) is one of the most common medical complications in bone marrow transplanted patients. A few studies, however, evaluate the treatment of BSI among bone marrow transplanted outpatients. Objectives: Describe the bloodstream infection agents identified among bone marrow transplanted outpatients at HCFMUSP. Evaluate the proportion and risk factors associated with hospitalization and death of such patients. Method: Retrospective analysis on patients' records of the Bone Marrow Transplant's clinics that presents positive blood culture gathered between January 2004 and December 2008. All the data was analyzed using the software Epi Info version 3.5.1, the significance level adopted was of 5%. Hospitalization and death in 30 days were the outcomes evaluated and which the risk factors associated were calculated and compared through the analysis bivariate and multivariate. Results: A total of 743 patients were evaluated of which blood cultures were positive during the clinic follow up in 172 pts, the records of 146 were evaluated, with a total of 235 bloodstream infection episodes, being 207 (88%) monomicrobial episodes and 28 (12%) polymicrobial in both the occurrence of gram-negatives was predominant. The episodes were more frequent during the first 100 days after the transplant. The most important agents isolated were *S. maltophilia* (15%), *SCN* (12%), *Acinetobacter* spp (9%). The average age of the patients was 32 years old (range of 2 to 68 years), being 90 (61,6%) male and 87 (59,6%) allogeneic transplant. The hospitalization occurred in 26% of the episodes. Autologous transplant was found as protect for hospitalization on both analyses, bivariate and multivariate. Death in 30 days occurred only in 10% of the cases. BSI due to Gram-negative and presence of serious neutropenia were found as independent risk factor for death. The multivariate analysis found as protection factor for death in 30 days only MASCC score. Conclusion: The gram-negatives were the most important agents isolated in our bone marrow transplant outpatients unit, highlighting the isolation of *Stenotrophomonas maltophilia*. The occurrence of hospitalization and death wasn't high. MASCC score could be a good predictor for death and the treatment of autologous outpatients with bloodstream infections seems to be safe.