

EARLY MORTALITY PREDICTORS IN VERY ELDERLY PATIENTS WITH GRAM-NEGATIVE BACILLI BACTERAEMIA

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BACKGROUND: It has also been demonstrated that octogenarians population has a higher risk than the younger population of bacteremia, severe sepsis and therefore, mortality. Gram-negative bacilli (GNB) are the most common cause of both nosocomial and community-acquired bacteremia and due to a higher rate of invasive procedures (such as urinary catheterization) and underlying diseases this incidence is even greater in this age group. The aim of our study was to determine and to evaluate general characteristics, prognosis and mortality risk-factors in a cohort of very elderly patients with bacteremia due to Gram-negative bacilli.

MATERIAL AND METHODS: All patients ≥80 years of age with gram-negative bacilli, collected and evaluated prospectively and consecutively in the University Hospital of Vigo between October 1, 2015 and October 1, 2016 were included. Demographic variables, associated comorbidities, presence of hardware indwelling, previous colonization/infection by multidrug-resistant microorganisms, source of bacteremia, severity of infection, previous and current empirical antibiotic treatments received as well as 14-day and 30-day mortality of all patients were evaluated

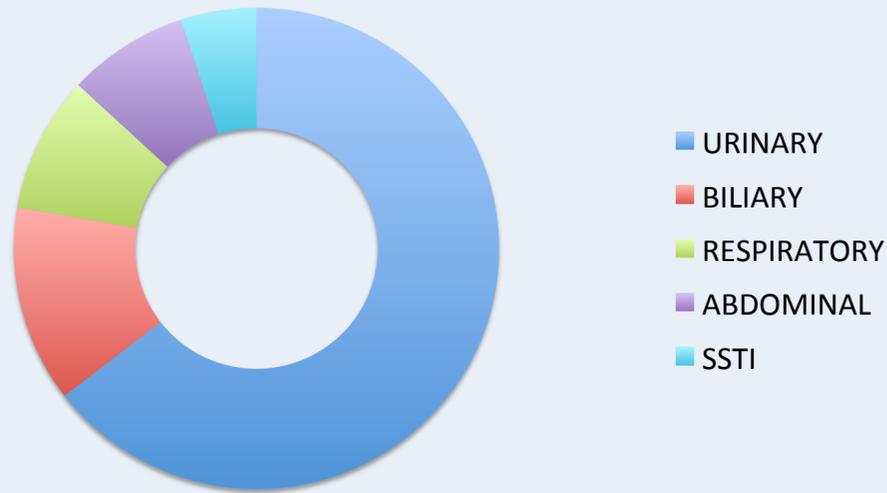


Figure 1. Source of bacteraemia.

Mortality risk factors in multivariate analysis	OR
Septic shock	9.8 [1.89-50.85]
Inadequate empirical treatment	3.19 [1.002-10.20]
Not-urinary source	3.64 [1.16-11.40]

RESULTS	
Number of patients	106
Mean age (years±SD)	86±4.2
Male sex (%)	51
Acquisition (%)	Community: 54.8 Healthcare-related: 32 Nosocomial: 13.2
Septic shock at onset (%)	7.5
Microbiology (%)	Escherichia coli (67) Klebsiella pneumoniae (4)
Empirical treatment (%)	Ceftriaxone (22) Amoxicillin-clavulanate (20)
Adequate empirical treatment (%)	24
14-day mortality/30-day mortality	19/24

CONCLUSIONS: Inadequate empirical treatment, not-urinary source of bacteremia and septic shock were independent risk factors associated with early mortality in a very elderly patients cohort with GNB bacteremia.