

P0660 **Septic shock patients with culture-proven carbapenem-resistant Gram-negative pathogens**

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**Background:** The progressive increase in the prevalence and clinical impact of infections caused by carbapenem-resistant bacteria is a global health problem. In this study, it was aimed to evaluate septic shock cases in terms of mortality and effecting variables for outcomes in septic shock patients with culture-proven carbapenem-resistant Gram-negative pathogens (CRGNP).

**Materials/methods:** Patients who had septic shock (sepsis+hypotension+adrenergic agent) with CRGNP positive culture and consulted by Infectious Diseases consultants between Dec 2013 and Sep 2017 in our center were recorded prospectively. The patients were evaluated following the first visit at the 72 hours, 14 days and 30 days later. Arterial lactate level of >2mg/dL criterion was added as an inclusion criterion for septic shock according to 3<sup>rd</sup> International Sepsis and Septic Shock Consensus Statement after 28<sup>rd</sup> Feb 2016. Statistical analysis was performed via Pearson Chi square test and a p value less than 0.05 was considered significant.

**Results:** There were a total of 32 patients (mean age 61.5 ±15.3 years and 37.5% female). Mean CRP, leukocyte count and procalsitonin levels were 15.9±9.8 mg/dl, 13116±6492/mm<sup>3</sup> and 18.6±25.1 µg/L, respectively. Arterial lactate levels were available in 25 cases and mean was 3.97±2.81 mg/dL. Mortality was 31.2%(10/32) at the 72<sup>th</sup> h visit and overall day 14 and 30 mortality were 85.7% and 81.3%, respectively. 7 patients' qSOFA score was =3 and mortality was 76% among them while 80% in others (p>0.05). The carbapenemase producing pathogens were *Acinetobacter* spp. (24) and *Klebsiella* spp. (8). The most common positive cultures were deep tracheal aspiration (16), peripheric blood (5) and central catheter blood (3), respectively. 62.5% of them had inadequate regimen (not covering the pathogen) at the first visit and 30<sup>th</sup> day mortality among them vs others was 15/20 vs 11/12 (p=0.242). In 22 cases arterial lactate level was higher than 2 mg/dL but mortality among them was not significantly different (18/22 vs 3/3, p=0.420). Colistin including empirical antibiotic regimens versus other antibiotic regimens were not different in terms of 30<sup>th</sup> day mortality (9/10 vs 17/22, p=0,393).

**Conclusions:** Despite early diagnosis and management of septic shock patients, mortality rates are quite high in CRGNP infected patients.