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**Title:** The mortality of *Acinetobacter baumannii* infection in intensive care unit

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**Body:** Aim: The results of new approaches in treatment of resistant *Acinetobacter baumannii*(AB) infection are controversial. The treatment choices and mortality ratio of cases with AB infection were evaluated during 3 year period in our intensive care unit(ICU). Methods: The study was conducted as a retrospective cohort study at ICU of a training hospital between 2009-2011. Demographics, use of invasive(IMV) and noninvasive mechanical ventilation(NIMV), site and day of AB infection, ICU days and mortality were recorded from inpatient records. Patient data were given as median and interquartile ratio(IQR, 25%-75%). Results: Among 2357 patients nosocomial resistant AB infection was detected in 107 patients(76 male) in specified period. The median age, APACHE II score, SOFA score and culture detection day were 70 (62-75), 21 (17-26), 8 (5-9), and 7(4-12)days, respectively. Patients on IMV treatment, IMV days and ICU days were 101(94.3%),16(7-25) days and 21(15-29) days, respectively. AB infection isolation sites were: 88 in tracheal secretion/bronchial lavage, 6 in blood, 13 in multiple sites. The number of cases/mortality for different treatment choices like Tygecycline, Colistin, Carbapenem and Cephaperasone-Sulbactam were: 30/13, 16/10, 21/12 and 32/10, respectively. Six cases with Piperacilline-Tazobactam empirical treatment died before antibiotic regimen changed. Overall mortality was 48%(n=50). Conclusion: AB infection requiring increased frequency of intubation has severe clinical course and high mortality. Cephaperasone-Sulbactam regimen is partially promising for outcome, however mortality is higher with Colistin combined regimens.