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Title: Bacterial multidrug-resistance profile in a respiratory insufficiency unit – Analysis of 17 months

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Body: Introduction: Multidrug-resistant bacteria (MRB) are a seriously growing public health threat. Objectives: Characterize patients with MRB isolations, namely their risk factors. Evaluate frequency of MRB species. Assess influence of antibiotic (AB) therapy towards length of hospital stay (LOS) and mortality. Methods: Retrospective identification of patients with MRB isolations admitted to Respiratory Insufficiency Unit (RIU) from Feb/10 to Jun/11, followed by medical records' analysis. Results: MRB were isolated from 32 patients: male sex — 56.3%; mean age — 74.5 years; chronic respiratory disease — 81.3%; comorbidities — 93.8%, of which 65.6% were immunodepressions. Some (37.5%) were transferred to RIU with an average previous LOS of 42.3 days. At RIU admission 96.9% were/had been on AB and 40.6% had been discharged, in the previous month. 71.9% underwent invasive techniques. There were 44 MRB isolations: MRSA — 45.5%; Acinetobacter baumannii — 29.5%; Escherichia coli, Klebsiella pneumoniae, Pseudomonas aeruginosa and Enterococcus faecium — ≤ 9.1% each. Pathogen directed-AB was introduced in 29 isolates (65.9%), but only 11 (37.9%) underwent post-AB control and only 3 of these (27.3%) became negative. There were 14 (43.8%) deaths, 78.6% due to infectious causes, of which 54.5% were attributed to MRB. We found no statistically significant differences between death and survival groups, however LOS was significantly longer in patients who had >1 isolation and whose post-AB control remained positive. Conclusions: Every patient had at least 1 risk factor for infection. MRSA predominated. MRB were difficult to eradicate and responsible for a high mortality rate.