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**Title:** Inflammatory markers and community acquired pneumonia (CAP): Prognosis analisis and predictive capacity in the short term

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**Body:** Evaluate the correlation between the levels of biomarkers; C-reactive protein (CRP), procalcitonin (PCT), pro-adrenomedullin (MR-proADM); and its short-term change in time with the severity of the CAP and its bad evolution. Methods: Prospective study, we included patients admitted with the diagnosis of CAP in 1 year. 2 extractions of peripheral blood were taken from each patient: 1 at the time of diagnosis and the other one at 72 hours after admission. Results: 65 patients (66.2% male), mean age: 72.5±12. Charlson Index: 0.88(0-3). 2 patients were admitted to the ICU, 4 died and 13 had complications in the income. PCT levels were significantly higher in the S. pneumoniae etiology (p=0.013).

The relationship between MR-proADM the day of diagnosis and the prognostic scales in Figure 2.

We find correlation between the levels of pro-ADM and PSI score (R=0.521,p=0.000),and CURB65 grades (R=0.491,p=0.000). Conclusions: MR-ProADM behaves as the best marker of severity. PCT is a useful marker for predicting bacterial etiology. It would be necessary to analyze a larger number of cases to search for a cut-off point of MR-proADM that can determine the bad evolution.