Acinetobacter infections in a tertiary level intensive care unit in northern India: epidemiology, clinical profiles and outcomes.

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Source

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Abstract

BACKGROUND:

Nosocomial Acinetobacter infections are an increasing concern in intensive care units (ICU).

OBJECTIVES:

To study the demographic and clinical characteristics and the outcomes of ICU patients with Acinetobacter infections.

METHODS:

A retrospective, 1-year audit of all Acinetobacter infections diagnosed in ICU patients between January 1 and December 31, 2009.

RESULTS:

Acinetobacter infection occurred in 94 patients (108 episodes). The most common site of infection was the respiratory tract (83 patients, 76.85%), with medical patients being more susceptible than surgical patients to Acinetobacter lung infections (P=0.04), particularly late-onset ventilator-associated pneumonia (VAP) (P=0.04). The majority (63.8%) of infections were acquired in the ICU, and patients with ICU acquired infections were intubated significantly longer than the other patients (P=0.02). Seventy percent of the infections were caused by multidrug-resistant (MDR) strains, and the overall crude mortality rate was over 70%. The most important factors affecting mortality were the duration of intubation (P=0.001) and the inappropriate use of antibiotics (P=0.021) after diagnosis of the infection.

CONCLUSIONS:

Acinetobacter infections are highly prevalent in the ICU, with medical patients being more susceptible to lung infections, particularly late-onset VAP. The early and appropriate selection of antibiotics is the most important determinant of survival among these patients.