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Sepsis associated with difficulties of diagnostic and high costs

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Background & Aim: The difficulty to diagnose the initial stage of the disease is a major obstacle to the reduction of mortality from sepsis. The sepsis is also one of the most expensive diagnoses in the world. The aim of this study was to clarify treated septic patients clinical course and pharmaco economic analysis. **Method:** The retrospective analysis of 72 patients` medical records was carried out. Data was described using means with standard deviations, median with interquartile range, Mann-Whitney U method, chi- square tests. Data statistical analysis was done in SPSS.

Results: At the prehospital stage, no patients received antibiotic therapy. Upon occurring at the hospital, procalcitonine rate for the dead patients was greater than to the survivors, it respectively was the 44.5ng/ml and 29.1ng/ml. The average duration of treatment at the sepsis clinic was 9.4 (SD 6.9) days. The respiratory system dysfunction was the most common 48 (66.3%), and renal dysfunction developed in 25 (34.4%) of cases. Artificial lung ventilation during hospitalization was received by 43 (59.7%) of patients, the renal replacement therapy 13 (18.1%) patients. for the dead patients, statistically reliably, (75%, p=0.01) the artificial lung ventilation was more required. Septic shock was observed to 34 (48.6%) of all the patients and 21 (60.0%) of them died. The most common final clinical diagnosis 34 (47.2%) was pneumonia. The total hospitalization costs by 72 patients are 160 236 euros. The average hospitalization costs per patient are 2226 (SD 1830) euros. We did not find a statistically significant connection between the cost of the survivors and the dead patients.

Conclusion: Our research data showed, that patients are hospitalized late and no patients received antibiotic therapy at the prehospital stage. The study results showed that patients with septic shock, the mortality rate exceeded half 60.0%.