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The clinical characteristics and outcome of H1N1 pneumonia patients with acute renal injury

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Background: Currently, little information exists about the impact of kidney injury and resource utilization in the form of renal replacement therapy in critically ill patients with H1N1 infections.

Objectives: Clarification of clinical characteristics and outcome of acute renal injury in patients with H1N1 pneumonia.

Patients & Methods: 40 patients who were living in or visitors to Makkah region, admitted to the hospital and revealed confirmatory H1N1 infection, pneumonia and acute renal injury were submitted to real-time reverse transcriptase-polymerase chain reaction (rRT-PCR). Severity of illness was assessed by using the Acute Physiology and Chronic Health Evaluation (APACHE) II, Sequential Organ Failure Assessment (SOFA) score, Multiple Organ Dysfunction Score and partial arterial O₂ pressure to the fraction of inspired O₂ on high flow oxygen mask (PaO₂/FIO₂). Another severity score related to the severity of pulmonary infiltrates (XR Chest score) was used and co-morbidities were recorded.

Results: 77.5% of the patients had subjective fever, 72.5% chills, 97.5% cough, 90% fatigue, 82.5% headache, 80% nasal congestion, 70% sore throat, 85% myalgia, 40% ear pain, 37.5% nausea, 20% vomiting. Symptoms severity score of median 19 with range from 14-24. APACHEII score 26.3 ± 9.7 , SOFA score 9.7 ± 3.8 , MOD score 9 ± 4 . All patients had pneumonia confirmed radiologically with XR-chest score 13.4 ± 3.6 . The findings on chest radiographs were consisted with acute respiratory distress syndrome that required mechanical ventilation for 19 out of 40 patients, only 4 of them survived.

Conclusion: Acute renal injury is an adding impact of increasing the mortality rate of H1N1 pneumonial patients and may be related directly to the infection by this virus or complication to it which may be explained by severe hypoxia secondary to severe acute lung injury, multi-organ dysfunction. A high mortality in middle and old-aged patients with underlying medical co-morbidities was associated with higher Symptoms Severity, APACHE II, SOFA, MODS and XRC scores.

Biography

Essam Saad Abdel-Rahim Badawy has completed his PhD from Minia University, Egypt and Postdoctoral studies from Cairo University School of Medicine. He is the Director of Emergency Department, Hera General Hospital, JCI-Accredited governmental hospital, MOH, KSA. He is a Senior Consultant Internal Medicine & Professor of Internal Medicine & Immunology, Faculty of Medicine, Minia University. He has published more than 24 papers in reputed journals and has been serving as an Editorial Board Member of repute.

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