

RETROSPECTIVE ANALYSIS OF LETHAL SEVERE COMMUNITY-ACQUIRED PNEUMONIA CASES: "MASKS" OF SEVERE PNEUMONIA

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Abstract

Diagnostic mistakes in the management of patients with severe community-acquired pneumonia (CAP) are common (nearly 40 %) and mostly observed in frail, elderly patients with severe comorbidities. Considering high CAP mortality rate in Dnipropetrovsk region and high percentage of diagnosis discrepancies, the aim of this study was the elucidation of main reasons of underdiagnosing of CAP and the selection of "masks of severe pneumonia" by conducting a retrospective analysis of all deaths from CAP for the period 2010–2012.

The results of a retrospective analysis demonstrated that the most influential risk factors of death were too late medical care referral (in a terminal condition), severe comorbidity and anti-social lifestyle, incorrect or delayed diagnosis of CAP and wrong antibiotic therapy. The frequency of clinical and pathomorphological diagnosis discrepancy was more than 30 %.

A detailed analysis of deaths due to CAP, when there were the divergence of the clinical and pathomorphological diagnosis, uncovered the following groups of diseases, mimicing CAP ("masks of severe pneumonia"): the mask of "acute neurological disease", "cardiac" masks, "acute abdomen" mask of "other lung disease" ("tuberculosis", "pulmonary embolism").

These data led to the development of differential diagnostic algorithm for the examination of patients with severe respiratory failure. To facilitate the differential diagnosing it is essential to perform additional tests, such as rapid tests for respiratory pathogens and HIV, serum procalcitonin, C-reactive protein and cardiac troponin tests, computed tomography of brain, etc.).

Key words: community acquired pneumonia, severe pneumonia, mortality, retrospective analysis, masks of pneumonia.

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