

# COMMUNITY-ACQUIRED PNEUMONIA CLINICAL COURSE PECULIARITIES IN PATIENTS WITH CARDIO-VASCULAR DISEASES

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*Abstract*

In order to reveal peculiarities of the community-acquired pneumonia (CAP) clinical course in patients with chronic cardio-vascular diseases (either controlled or uncontrolled, or decompensated) 438 hospitalized patients were enrolled into prospective comparative study.

In patients with uncontrolled cardio-vascular disorders the clinical presentation was characterized by more severe onset, presence of respiratory failure, predominantly segmental or lobar lung lesions, slow response to therapy, frequent deterioration after start of therapy, frequent exudative pleurisy. These patients required urgent hospitalization to ICU. All patients without cardio-vascular diseases and those with controlled cardio-vascular conditions recovered from CAP. Hospital mortality in patients with uncontrolled and decompensated cardio-vascular diseases was 1% and 3,4%, accordingly. Analysis of the long term outcomes of CAP revealed significantly higher level of mortality in group of decompensated patients (31,1% vs 1,5% in comparative group, 7,1% in group with controlled cardio-vascular diseases and 12,6% in case of the uncontrolled disease ( $p=0,0001$ )). Main cause of death in the follow-up period was heart failure.

Presence of decompensated cardio-vascular disease significantly worsens and complicates CAP course. In cases of controlled cardio-vascular disease the clinical presentation of CAP does not differ from CAP alone.

**Key words:** community-acquired pneumonia, cardio-vascular disease, clinical symptoms.

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