

Publication

Survey of aspergillosis in non-neutropenic patients in Swiss teaching hospitals

JournalArticle (Originalarbeit in einer wissenschaftlichen Zeitschrift)

ID 1194938

Author(s) Garbino, J; Fluckiger, U; Elzi, L; Imhof, A; Bille, J; Zimmerli, S

Author(s) at UniBasel Flückiger, Ursula M.;

Year 2011

Title Survey of aspergillosis in non-neutropenic patients in Swiss teaching hospitals

Journal Clinical microbiology and infection

Volume 17

Number 9

Pages / Article-Number 1366-71

Keywords Corticosteroid treatment, critically ill, invasive aspergillosis, non-neutropenic hosts, opportunistic infection

Invasive aspergillosis (IA) is a live-threatening opportunistic infection that is best described in haematological patients with prolonged neutropenia or graft-versus-host disease. Data on IA in non-neutropenic patients are limited. The aim of this study was to establish the incidence, disease manifestations and outcome of IA in non-neutropenic patients diagnosed in five Swiss university hospitals during a 2-year period. Case identification was based on a comprehensive screening of hospital records. All cases of proven and probable IA were retrospectively analysed. Sixty-seven patients were analysed (median age 60 years; 76% male). Sixty-three per cent of cases were invasive pulmonary aspergillosis (IPA), and 17% of these were disseminated aspergillosis. The incidence of IPA was 1.2/10 000 admissions. Six of ten cases of extrapulmonary IA affected the brain. There were six cases of invasive rhinosinusitis, six cases of chronic pulmonary aspergillosis, and cases three of subacute pulmonary aspergillosis. The most frequent underlying condition of IA was corticosteroid treatment (57%), followed by chronic lung disease (48%), and intensive-care unit stays (43%). In 38% of patients with IPA, the diagnosis was established at autopsy. Old age was the only risk factor for post-mortem diagnosis, whereas previous solid organ transplantation and chronic lung disease were associated with lower odds of post-mortem diagnosis. The mortality rate was 57%.

Publisher Blackwell ISSN/ISBN 1198-743X

edoc-URL http://edoc.unibas.ch/dok/A6005132

Full Text on edoc No;

Digital Object Identifier DOI 10.1111/j.1469-0691.2010.03402.x

PubMed ID http://www.ncbi.nlm.nih.gov/pubmed/20950331

ISI-Number WOS:000294125000015

Document type (ISI) Article