

Publication**A year's review of bacterial pneumonia at the central hospital of Lucerne, Switzerland****JournalArticle (Originalarbeit in einer wissenschaftlichen Zeitschrift)****ID** 1328399**Author(s)** Hug, Balthasar L.; Rossi, Marco**Author(s) at UniBasel** [Hug, Balthasar](#) ;**Year** 2001**Title** A year's review of bacterial pneumonia at the central hospital of Lucerne, Switzerland**Journal** Swiss medical weekly**Volume** 131**Number** 47-48**Pages / Article-Number** 687-692**Keywords** bacterial pneumonia, retrospective study, ICD-10, hospitalised, antibiotics

Community acquired pneumonia (CAP) remains an important cause of substantial morbidity and mortality in inhospital patients. We conducted a retrospective study of all patients hospitalised at our hospital with the diagnosis of bacterial pneumonia according to ICD-10 within one year. Of 360 identified charts, 335 met the requirements and were reviewed regarding risk factors, diagnosis, treatment, and overall mortality. The typical patient hospitalised with pneumonia was elderly (mean 68 years), male (60%), and suffered from comorbidities or predisposing factors (96.4%). A total of 72.8% of pneumonias were localized in the inferior lobes, and 21.1% had bilateral infiltrates. Etiologic agents were searched for in 297/335 patients (87.5%) and were found positive in 33.4%: of 169 blood cultures 9.5% were positive, of 150 sputum cultures taken 46.6% were positive, of 17 serologies taken 58.8% were positive, and of 9 pleural effusions analysed 22.2% were positive. Encapsulated bacteria were the most common found bacterial etiologies, namely *Streptococcus pneumoniae* (*S. pneumoniae*) in 30.9% of patients with known bacterial etiology, *Haemophilus* in 24.7%, and *Klebsiella* in 12.4%. Methicillin-resistant *S. aureus* was not found. The three most commonly used antibiotics were amoxicillin/clavulanic acid used in 77.3% of patients, clarithromycin (41.2%), and ceftriaxone (16.6%). Mean duration of treatment was 12.1 days. 245/335 (73.1%) patients had a favourable outcome, 16.7% (56/335) of patients had a protracted illness with delayed resolution (i.e. prolonged hospital stay, need for intensive care, intubation or several of these complications). Overall mortality in our unit was 8.6%.

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