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Poster presentation

Leptospirosis in the intensive care unit: a cohort of 57 patients

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 from 25th International Symposium on Intensive Care and Emergency Medicine
 Brussels, Belgium. 21–25 March 2005

Critical Care 2005, **9**(Suppl 1):P31 doi:10.1186/cc3094

 Published: 7 March 2005
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Introduction

Leptospirosis is in general a self-limited disease but it can be associated with important complications such as multiple organic dysfunction and high mortality [1,2].

Objective

The goal of this paper is to evaluate the clinical characteristics and the morbimortality of severe leptospirosis in general ICUs from two general hospitals.

Methods

All cases with the diagnosis of leptospirosis confirmed by a blood macroagglutination test and admitted from 1990 to 2004 were studied. We analyzed their clinical and laboratory characteristics, the occurrence of multiple organ dysfunction and their mortality rate. We also compared survivors with nonsurvivors. The quantitative variables have been compared by unpaired *t* test and the qualitative variables by a chi-squared test.

Results

We describe 57 adult patients, 40 ± 16 years, 47 men and 10 women. The most frequent clinical manifestations were fever (*n* = 52), myalgias (*n* = 51), jaundice (*n* = 49) and dyspnea (*n* = 49). All patients showed some level of organic dysfunction: respiratory (*n* = 51), renal (*n* = 46), hepatic (*n* = 45), cardiovascular (*n* = 35), hematologic (*n* = 32) and neurologic (*n* = 16). The mortality rate was 40% (*n* = 23). The comparison from nonsurvivors with survivors showed that they have higher incidences of respiratory, cardiovascular and neurological failures as well as higher levels of acidosis (*P* < 0.05).

Conclusions

In endemic regions leptospirosis has to be considered as a cause of multiple organic dysfunction with a high mortality rate mainly when respiratory, cardiovascular or neurological failures are present.

References

1. Ko AI, *et al.*: **Urban epidemic of severe leptospirosis in Brazil.**
Lancet 1999, **354**:820-825. [PubMed Abstract](#) | [Return to text](#)
2. Vieira S, Brauner J: **Leptospirosis as a cause of acute respiratory failure.**
Braz J Infect Dis 2002, **6**:135-139. [PubMed Abstract](#) | [Publisher Full Text](#) | [Return to text](#)

Critical Care
 Volume 9
 Suppl 1

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