

Reviews in Pulmonary Medicine

Luigina Guasti*

Department of Internal Medicine, University of Insubria, Varese, Italy

*Corresponding author: Luigina Guasti, Department of Internal Medicine, University of Insubria, Varese, Italy, E-mail: Luigina.Guasti@uninsubria.it

Received date: November 9, 2021; Accepted date: November 23, 2021 5; Published date: November 30, 2021

Citation: Guasti L (2021) Reviews in Pulmonary Medicine. Transl Biomed Vol.12 No.11:201

Introduction

sCAP is associated with a high clinical burden. Therefore, deep knowledge is necessary for its management. In general, diagnosis, treatment and management are based on many published guidelines. However, the mortality rate is still unacceptably high, indicating the need for clear recommendations in the management of patients with sCAP. The choice of empirical antibiotic therapy for sCAP depends on multiple factors, such as national and local antimicrobial susceptibility data and the characteristics of the patients, including their risk factors for acquiring infections caused by multidrug-resistant pathogens.

Currently, there are several published international guidelines. The aim of this review is to explore the areas that require further knowledge and new recommendations for current clinical practice. Lower respiratory tract infections (LRTI) are a leading cause of death worldwide from infectious diseases. Severe Community-acquired pneumonia (sCAP) is one of the most common serious causes of sepsis in hospitalised patients. sCAP is associated with a high clinical burden; therefore, deep knowledge is necessary for its management. In general, diagnosis, treatment and management are based on many published guidelines. However, the mortality rate is still unacceptably high, indicating the need for clear recommendations in the management of patients with CAP. The choice of empirical antibiotic treatment for sCAP depends on multiple factors, such as national and local antimicrobial susceptibility data and the characteristics of patients, including their risk factors for acquiring infections caused by MDR pathogens. Currently, there are several published international guidelines. The aim of this review is to explore the areas that

require further knowledge and new recommendations for current clinical practice. Aetiology is one of the most controversial points in CAP. A systematic aetiological investigation should be performed in hospitalised patients. The goal of such a recommendation is to ensure a proper diagnosis so that adequate antibiotic treatment can be administered. In nonsevere cases, determining the aetiology might not be very important since the antibiotic treatment might not be changed. However, in sCAP, determining the aetiology is a cornerstone in tailoring antibiotic treatment as the likelihood of MDR pathogens being present is high.

Use of Prognostic Tools for Admission and Sepsis Prediction

The place where a patient with CAP is managed has important implications in prognosis and healthcare costs. There are numerous tools such as the Pneumonia Severity Index (PSI) and the CURB-65 (confusion, urea, respiratory rate, blood pressure and age ≥ 65) score to identify and evaluate patients with CAP. Current guidelines recommend the administration of fluoroquinolones alone or a combination of a beta-lactam and a macrolide to treat CAP, except in patients admitted to an ICU, individuals with concomitant diseases or those with risk factors associated with greater resistance to the pathogens causing pneumococcal CAP. In patients admitted to an ICU, a beta-lactam in combination with either a macrolide or a fluoroquinolone is recommended. A randomised controlled trial (RCT) found no differences between combination therapy and a monotherapy with a beta-lactam, although the more severe patients (PSI IV) showed slower clinical progression when treated with the beta-lactam monotherapy.