

**ARMED FORCES OF THE PHILIPPINES HEALTH SERVICE CC VICTORIANO LUNA MEDICAL CENTER DEPARTMENT OF MEDICINE** 



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#### INTRODUCTION

Infections are common complications among patients on chronic hemodialysis. Hemodialysis patients with a catheter have a two- to three-fold increased risk of hospitalization for infection and death compared with patients with an arteriovenous fistula or graft.<sup>1</sup> CRBSIs alone have a reported incidence of 1.1 to 5.5 episodes per 1000 catheter days and are associated with increased morbidity, hospitalization, and death. This current study investigated the demographic profile, microbiological spectrum, clinical characteristics, and laboratory parameters of patients with NHTCs with CRBSI at Victoriano Luna Medical Center.

### OBJECTIVE

This current study investigated the demographic profile, microbiological spectrum, clinical characteristics, and laboratory parameters of patients with NHTCs with

# RESULTS



Overall, there were two mortalities (6.25%) among the CRBSI positive Table 1: Demographic and clinical characteristics of the study population (n=32).

n (%)

7 (21.88)

7 (21.88)

7 (21.88)

11 (34.38)

18 (56.25)

14 (43.75)

2 (6.25)

17 (53.13)

12 (37.5)

1 (3.13)

28 (87.5)

7 (21.88)

6 (18.75)

36.97 (5.75)

5 (15.63)

27 (84.38)

7.5 (5.525, 11)

27 (84.38)

4 (12.5)

1 (3.13)

5 (15.63)

2 (C 2E)

#### CRBSI at Victoriano Luna Medical Center.



S. aureus	2 (0.25)
P. aeruginosa	2 (6.25)
S. marcescens	1 (3.13)
Coagulase (-) Staphylococcus	1 (3.13)
VIII. HD frequency	
Twice	16 (50)
Thrice	16 (50)

## DISCUSSION

Based on the results of this study, hypertension is the most prevalent comorbidity followed by cardiovascular disease then diabetes mellitus among hemodialysis patients with NTHCs consistent with the study of Pepin et al. This is important to note as presence of comorbidities is one of the risk factors for CRBSI.<sup>5,6</sup>

The most common organisms causing CABSI was E. coli which is consistent with the study of<sup>6</sup>Bahl et al. although varies with the clinical setting. The dominance of E. coli reflects community-onset bloods tream infections.

In this present study, we noted two mortalities (6.25%) among the CRBSI positive subjects. It is well known that the contamination rates were reduced in the equipment involved, with good training and periodic retraining; with <sup>8</sup> special attention to hand washing, as different papers have made it clear. Nevertheless, despite these measures, bacteremia occurs and accounts for

#### CONCLUSION

#### one of the main causes of mortality in hemodialysis patients.

Demographic and clinical outcomes of the patients were described in this study but a 5- to 10-year follow up studies may be done to determine the significant outcomes of CRBSI. Larger sample size is also needed in order to establish association between different host characteristics and the risk of developing CRBSI among patients with NHTC.

Moreover, it is recommended that additional analysis be done to estimate the attributable morbidity, mortality, and economic impact of CRBSIs, among VLMC CKD patients for the association of risk factors and outcome catheter-related bloodstream infections with internal jugular non-tunneled hemodialysis catheters.

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