

## Acquired Pneumonia in Mechanical Ventilation at the ICU of Oran (Algeria)

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### Abstract

Pneumonia acquired under ventilation mechanical halls the first nosocomial infection in terms of frequency and to mortality the crafts items CTIF of this work was to make the state of places on the germs involved and the profile of their resistance screws a vis of certain antibiotics.

**Keywords:** Pneumonia; Smear Protected Distal; Pseudomonas; The Frog Bacter Baumannii

### Abbreviation

VAP: Pneumonia Acquired Under Ventilation Mechanical

### Introduction

The Pneumonia acquired under mechanical ventilation (VAP) represent the 1<sup>st</sup> cause of nosocomial infection in terms of frequency and 1<sup>st</sup> Era in terms of mortality [1].

Nosocomial pneumonia Under ventilation Apply only to those appearing after 48 hours at least of ventilation [2].

### Clinical criteria Classic

Presence of recent onset pulmonary infiltration associated with 2 of 3 criteria following:

- White blood cells > 12000 or < 4000/mm<sup>3</sup>
- Temperature > 38.3°C without any other cause
- Modification of tracheal secretions

### Objectives of the communication

Know the frequency of pneumonia acquired under ventilation Mechanical to Medical emergencies of the hospital Centre Oran. The status of the germs involved.

### Material and Method

Retrospective study of January 2014 a December 2015. Data sheet compiled with the Microbiology service (software Whonet 5.6) and patient records.

### Results

128 patients were collected during this period. 228 Prélé Movements have been made in patients suspected of Vap. Average Age: 44 years (16 - 83). Sex ratio: 2/1. The impact of pneumonia acquired under ventilation Mechanical was 43% (55 sick). 80% of Pneumonia Acquired under ventilation Mechanical are due a Gram-negative bacilli.

The first germ involved in our Series is *Pseudomonas* (30%) followed by the *Acinetobacter baumannii* (22%) and *Klebsiella* (15%).

12% of Pneumonia acquired under ventilation Mechanical were due a of Cocci Gram positive. *Pseudomonas* was resistant to Ceftazidime In 23.9% of Case, Imipenem in 18.2% of cases. *A. baumannii* was resistant a Imipenem in 60% of cases.

### Discussion

We retained 55 cases of VAP on 128 admissions, these observed results are higher than those reported in the literature with an incidence of 8 to 28% [3], in the study conducted by Jean Chastre in 2002, for the latter the frequency of *A. baumannii* do represented than 8% when it was 22% in ours. For us the resistance of the *A. baumannii* imipenem is of concern (60%), While in Morocco for Abonebe, it was 28.9% [4]. The lack of a protocol of prevention of VAP, or the use of an incomplete protocol explains that the recommendations of the prevention VAP are not followed in our service.

### Conclusion

The prevention of VAP must be a daily concern and goes through the application of care protocols whose effectiveness is demonstrated; it is based on simple and inexpensive measures [5-15].

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