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# Cytomegalovirus infection in immunocompetent intensive care unit patients

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**Introduction:** Cytomegalovirus (CMV) has been recognized as an important pathogen in immunocompromised individuals for as long time. In recent years, some studies have focused on CMV infection among immunocompetent intensive care patients. The results are inconsistent and the impact of this virus on the prognosis of these patients is not solved. our purpose were to determine the prevalence, the risk factors and the consequence of CMV infection in immunocompetent intensive care unit patients.

**Methods:** Observational retrospective case-control study comparing two groups of intensive care patients: CMV-positive and CMV-negative. Quantitative PCR assays for the diagnosis of CMV infection was used. Patients suspected of developing CMV infection were included. Clinical, demographic and biological characteristics and patient's care were pointed out to identify risk factors. CMV impact on prognosis was judged by the complications developed and mortality. Another comparison among infected patients between the deceased and the living was carried out in order to determine CMV morbidity and mortality factors.

**Results:** CMV prevalence was 21% in immunocompetent patients suspected of having CMV infection. No significant differences in age, sex, comorbidities, severity, ventilation, use of amines and corticosteroids were found. Transfusion history ( $p=0.003$ ) and sepsis ( $p=0.013$ ) were identified as risk factors in the univariate analysis. In the multivariate analysis, only transfusion history was a risk factor ( $p=0.004$ ). CMV was not associated with significant morbidity and mortality. Severity score (IGS II) ( $p=0.02$ ), use of corticosteroids ( $p=0.002$ ), mechanical ventilation  $p=0.023$ ), and bacteremia ( $p=0.001$ ) were associated with mortality in the comparison between the deceased and the living.

**Conclusion:** CMV infection is common in immunocompetent intensive care patients. Transfusion history is a risk factor of infection. CMV is a marker of the severity of the underlying disease of patients rather than a cause of morbidity and mortality