A364 - Two years follow up of 196 interstitial lung diseases patients after intensive care unit stay

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Introduction:
Interstitial lung disease is a group of diseases associated with poor prognosis in the intensive care unit despite major improvement in respiratory care in the last decade. The aim of our study is to assess factors associated with hospital mortality in interstitial lung disease patients admitted in the intensive care unit and to investigate the long-term outcome of these patients.

Methods:
We performed a retrospective study in an intensive care unit of teaching hospital highly specialized in interstitial lung disease management between 2000 and 2014.

Results:
A total of 196 interstitial lung disease patients were admitted in the intensive care unit during the study period. Overall hospital mortality was 55%. Two years after intensive care unit admission, 70/196 patients were still alive (36%). One hundred height patients (55%) required invasive mechanical ventilation of whom 80% died in the hospital. Acute exacerbation of interstitial lung disease was associated with hospital mortality (OR=5.4 [1.9-15.5]), especially in case of acute exacerbation of idiopathic pulmonary fibrosis. Multiorgan failure (invasive mechanical ventilation with vasopressor infusion and/or renal replacement therapy) was associated with very high hospital mortality (64/66; 97%).

Conclusion:
Survival after intensive care unit stay of patients with interstitial lung disease is good enough for not denying them from invasive mechanical ventilation, except in case of acute exacerbation for idiopathic pulmonary fibrosis patients. If urgent lung transplantation or extracorporeal membrane oxygenation are ruled out, multiorgan failure should lead to consider withholding or withdrawal life support therapies.

Image:

Hospital Mortality of ILD patients in ICU without ECMO according to organ support therapies