



Allogeneic stem cell transplantation recipients requiring intensive care: time is of the essence.

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Titre	Allogeneic stem cell transplantation recipients requiring intensive care: time is of the essence.
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Auteur	Orvain, Corentin [1], Beloncle, François [2], Hamel, Jean-François [3], Del Galy, Aurélien Sutra [4], Thepot, Sylvain [5], Mercier, Mélanie [6], Kouatchet, Achille [7], Farhi, Jonathan [8], François, Sylvie [9], Ifrah, Norbert [10], Mercat, Alain [11], Asfar, Pierre [12], Hunault-Berger, Mathilde [13], Tanguy-Schmidt, Aline [14]
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Résumé en anglais	The benefit of early admission of allogeneic stem cell transplantation (SCT) recipients to the intensive care unit (ICU) as soon as they develop organ injury is unknown. We performed a retrospective study on 92 patients admitted to the ICU to determine the impact of time from organ injury to ICU admission on outcome. The number of organ injuries prior to ICU admission was associated with an increased in-hospital mortality (OR 1.7, 95% CI 1-2.7, p = 0.04). Time between first organ injury and ICU admission was also associated with an increased in-hospital survival (OR 1.4, 95% CI 1.1-1.8, p = 0.02). A score combining these two covariates-the number of organ injuries/day (sum of days spent with each individual organ injury)-further improved the prediction of hospital survival. Patients with more organ injuries/day had significantly higher in-hospital mortality rate even after adjustment for refractory acute GVHD and the SOFA (OR 1.3, 95% CI 1-1.7, p = 0.02). Early ICU admission of allogeneic SCT recipients to the ICU as soon as they develop organ injury is associated with decreased in-hospital mortality.
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Liens

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