Evaluate the effect of time to CVC removal, early (within 48h from the diagnosis of candidemia) vs. removal at any time during the course of candidemia, on the 30-day mortality” Nucci et al (2018).

Abstract:

BACKGROUND: The impact of central venous catheter (CVC) removal on the outcome of patients with candidemia is controversial, with studies reporting discrepant results depending on the time of CVC removal (early or any time during the course of candidemia).

OBJECTIVE: Evaluate the effect of time to CVC removal, early (within 48h from the diagnosis of candidemia) vs. removal at any time during the course of candidemia, on the 30-day mortality.

METHODS: Retrospective cohort study of 285 patients with candidemia analyzing CVC removal within 48h (first analysis) or at any time (second analysis).

RESULTS: A CVC was in place in 212 patients and was removed in 148 (69.8%), either early (88 patients, 41.5%) or late (60 patients, 28.3%). Overall, the median time to CVC removal was one day (range 1-28) but was six days (range 3-28) for those removed later. In the first analysis, APACHE II score (odds ratio 1.111, 95% confidence interval [95% CI] 1.066-1.158), removal at any time (OR 0.079, 95% CI 0.021-0.298) and Candida parapsilosis infection (OR 0.291, 95% CI 0.133-0.638) were predictors of 30-day mortality. Early removal was not significant. In the second analysis APACHE II score (OR 1.122, 95% CI 1.071-1.175) and C. parapsilosis infection (OR 0.247, 95% CI 0.103-0.590) retained significance.

CONCLUSIONS: The impact of CVC removal is dependent on whether the optimal analysis strategy is deployed and should be taken into consideration in future analyses.

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