

中文題目：抗碳青霉烯類抗生素之克雷伯氏肺炎桿菌引發之肺炎與死亡率相關的預後因子  
英文題目：Predictors of mortality in patients with pneumonia caused by carbapenem-resistant *Klebsiella pneumoniae*

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**Background:** Pneumonia caused by carbapenem-resistant *Klebsiella pneumoniae* (CRKP) is associated with a high mortality. However, clinical studies on CRKP infections often involve bacteremia exclusively, with only a few studies having focused on CRKP pneumonia. This retrospective study was conducted to investigate the risk factors for mortality in patients with CRKP pneumonia.

**Methods:** The study included 95 adult patients diagnosed with CRKP pneumonia who were treated with at least one active antibiotic for at least 48 hours within 5 days of pneumonia diagnosis in a medical center in Taiwan between January 2017 and April 2019. Resistance mechanisms of the CRKP isolates were determined using polymerase chain reaction. We used multivariate logistic regression to analyze factors associated with the 7-day and 14-day mortality

**Results:** The 7-day and 14-day mortality were 9.5% and 22.1%, respectively. Most strains (86.2%) were carbapenemase-producing strains, of which *K. pneumoniae* carbapenemase-2 strains were dominant (80.0%). Malignancy (adjusted odds ratio [aOR], 6.05; 95% confidence interval [CI], 1.3–28.12) was independently associated with the 7-day mortality; malignancy (aOR, 3.96; 95% CI, 1.2–13.03) and INCREMENT-CPE score  $\geq 6$  (aOR, 3.57; 95% CI, 1.1–11.62) were independently associated with the 14-day mortality. Combination therapy and the added carbapenem in strains with imipenem MIC  $\geq 16$  mg/L were not associated with survival benefit.

**Conclusions:** Our study showed that host factors and disease severity had a greater impact on mortality in patients with CRKP pneumonia, and we highlighted the predictive role of the INCREMENT-CPE score in a non-bacteremic disease.