

Sepsis in the Elderly

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ABSTRACT

Introduction: The incidence of sepsis is increasing in all age-groups, but mortality seems to be significantly higher among elderly patients.

Objective: The main aim of this study is to describe the epidemiological, clinical, biological and therapeutic aspects of sepsis in aging patients and its prognosis.

Material and Methods: A descriptive retrospective study was performed on a total of 15 elderly patients admitted to our department between January 2012 and April 2018 who were diagnosed with sepsis (SOFA score ≥ 2).

Results: Fifteen elderly patients were included in this study (sex-ratio F/M = 2) with a median age of 72.05 years. Sixty percent of these patients had sepsis on admission. The main comorbidities were diabetes (n=11) and arterial hypertension (n=9). The most common revealed signs were fever (86.6%) and alteration of general condition (53.3%). The biological inflammatory syndrome was present in 93.3% of the cases. The most frequently reported organ failure was renal dysfunction (n=12). The urinary tract was the most common site of infection (80%). The causative organisms of sepsis were isolated in 11 cases. They were mainly *Klebsiella pneumoniae* (33.3%) and *Escherichia coli* (20%). The combination of 2 antibiotics was recommended in 73.3% of cases. The most commonly used antibiotics were cefotaxim (60%) and fluoroquinolones (46.6%). The average total duration of antibiotic therapy was 12.7 days [7-23]. The evolution was favorable in 71.4% of the cases. Secondary sites of sepsis were noted in 3 cases. Two patients were transferred to the intensive care unit following septic shock.

Conclusion: The clinical presentation of older patients with sepsis is often atypical. Hence, an early diagnosis and adequate treatment can improve the prognosis.