Herpes simplex virus in bronchoalveolar lavage fluid of medical intensive care unit patients: Association with lung injury and outcome.

In intensive care unit (ICU) patients in whom bronchoalveolar lavage fluid (BALF) was analyzed for suspected infectious pulmonary disease, we investigated the association of herpes simplex virus (HSV) in the BALF with lung injury and patient outcome. In this retrospective cohort study, we included 201 patients treated in a medical ICU of a German university hospital in whom BALF samples were analyzed for the presence of HSV using quantitative polymerase chain reaction analysis. Eighty-seven patients (43%) were HSV-negative, and 114 patients (57%) were HSV-positive. At the day of BALF sampling (day 0), there was no clinically relevant (or statistically significant) difference in the Modified Clinical Pulmonary Infection Score, Lung Injury Score, and single indicator transpulmonary thermodilution-derived extravascular lung water index and pulmonary vascular permeability index between HSV-negative patients and HSV-positive patients or HSV-positive patients with greater than \(10^5\) HSV copies/mL. The ICU and hospital length of stay was statistically significantly longer in HSV-positive patients compared with HSV-negative patients. Intensive care unit and hospital mortality was not statistically significantly different between the groups. We did not find a clinically relevant or statistically significant
association of HSV in the BALF of medical ICU patients with lung injury or with ICU and hospital mortality.

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