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Incidence of postoperative infectious complications in patient with iron deficiency: CARIPO observational study

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Position du problème et objectif(s) de l'étude:

Iron deficiency (ID), with or without anemia, is common during the perioperative period¹ and its association with postoperative infectious complications is debated^{2,3}. We designed the CARIPO prospective observational study to assess the incidence of postoperative infections in patients with and without ID.

Matériel et méthodes:

We conducted this monocentric study at Angers University Hospital (France), from November 2021 to May 2022. The primary outcome was the incidence of postoperative infections 90 days after surgery, inpatients with and without ID (defined as a ferritin < 100 µg/L or < 300 µg/L with a TSAT<20%). Secondary endpoints included preoperative ID prevalence among the type of surgery and the incidence of all postoperative complications (according to POMS classification). Multivariate analysis was performed with adjustment on age, sex, preoperative hemoglobin, and diabetes. The protocol was registered on Clinical Trials.gov with the identifier NCT04994275.

Résultats & Discussion:

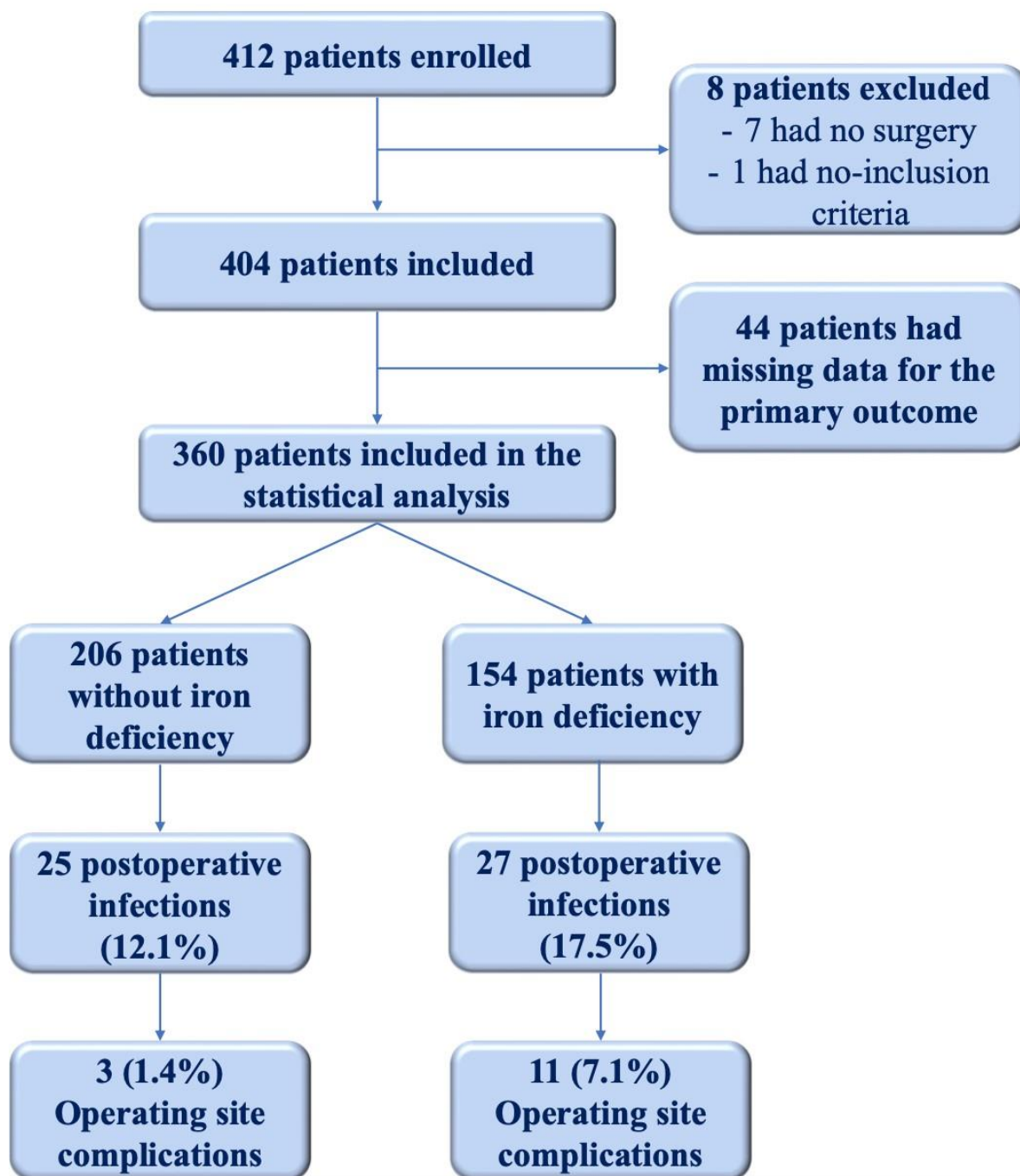
412 patients were enrolled in the study, 8 were excluded (7 surgeries cancelled and 1 had non-inclusion criteria) and iron profile was missing for 44 patients thus 360 patients were included in the final analysis. 154 patients (42.8%) had ID. Baseline characteristics were similar, only diabetes was more frequent in ID, (see Table). Postoperative surgical site infections were more frequent in patients with ID than in patients without ID (7.1% versus 1.4% respectively, $p=0.005$), this difference was still statistically significant after adjustment ($p=0.046$). Patients with ID had more postoperative kidney complications and surgical site infections according to the POMS classification ($p<0.05$).

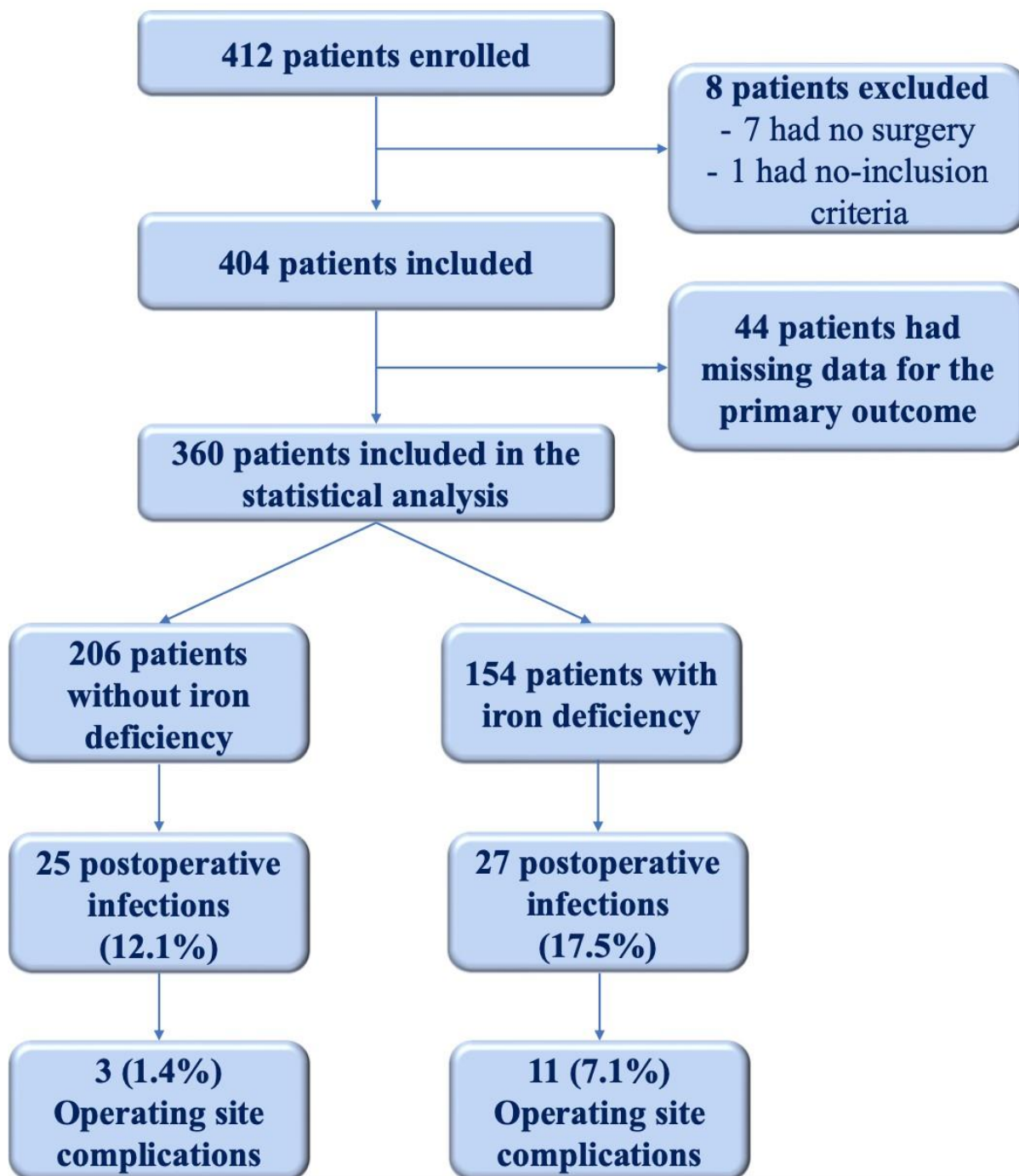
Conclusion:

In our prospective cohort, surgical site infections were more frequent in patient with ID than in patients without ID. Whether treating ID may improve this remains to be evaluated.

Références bibliographiques:

1. Muñoz, Anaesthesia, 2017, vol.72, 826-834. 2. Harju, J Parenter Enter Nutr. 1988, vol.12, 282-285. 3. Waters, Hematology. 2018, vol. 23, 537-541.





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