

## Ventilator-associated pneumonia (vap) in a patient with guillain-barre syndrome

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### Abstrak

A 46-year-old man was admitted to ICU with a diagnosis at the time of admission of Guillain Barre Syndrome (GBS) and sepsis due to suspected Ventilator-Associated Pneumoniae (VAP). Specimens for the following laboratory workup were inquired, i.e. complete blood count, culture and resistance workup using specimens obtained from the tip of suction pipe, urinalysis and urine culture, blood culture and resistance, procalcitonin and lactate levels. Neutrophilia was found along with increased procalcitonin and lactate levels, which supported the sepsis diagnosis. Moreover, the result of culture from suction pipe demonstrated colonies of *Pseudomonas luteola* MDRO, which might be originated from the oropharyngeal colonization of the patients due to poor oral hygiene and ineffective oral hygiene nursing; therefore, the colonies of the microorganism were swabbed away when obtaining the specimens. Ineffective oral hygiene nursing may have a potency to cause VAP and recurrent VAP.

.....Seorang pria usia 46 tahun, dari ICU dengan diagnosis saat masuk Guillain-Barre syndrome (GBS) + sepsis ec suspek ventilator associated pneumoniae (VAP), dimintakan bahan pemeriksaan laboratorium: darah lengkap, kultur, resistensi ujung selang suction, urinalisis dan kultur urin, kultur darah dan resistensi, procalcitonin dan laktat. Didapatkan neutrofilia, peningkatan procalcitonin dan laktat sesuai diagnosis sepsis, dan pada hasil kultur selang suction didapatkan kuman *Pseudomonas luteola* MDRO yang kemungkinan berasal dari kolonisasi pada oropharynx pasien, akibat higiene oral pasien yang buruk dan tindakan perawatan higiene oral oleh perawat yang kurang efektif, sehingga kuman yang berkolonisasi tersebut terbawa saat pengambilan sampel. Perawatan higiene oral yang tidak efektif potensial untuk terjadinya VAP dan VAP berulang.