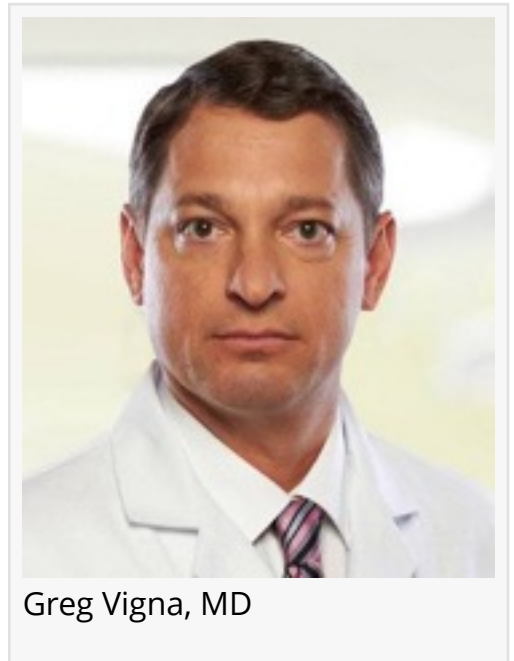


# Mortality Rate is 'High' in Bacteremia Associated with Pressure Ulcers

SANTA BARBARA, CA, UNITED STATES, February 25, 2025 /EINPresswire.com/ -- "Mortality rate is high, and hospital-acquired bacteremia, polymicrobial bacteremia, and serum albumin < 23 g/L are associated with increased mortality," states Dr. Elena Espejo, Complex Wounds Working Group.

[Greg Vigna, MD, JD](#), national decubitus ulcer attorney explains, "Every hospital that discharges patients with a Stage IV decubitus ulcers, with or without osteomyelitis, risks a bloodstream infection caused by the wound. These chronic complications can be eliminated by hospitals that provide the reliable pressure relief on a clinotron bed, nutritional interventions, debridement of all undermining and non-viable tissue, and flap closure with appropriate intravenous antibiotics."



Greg Vigna, MD

What does Dr. Espejo report in "Bacteremia associated with pressure ulcers: a prospective cohort study" published in the *European Journal of Clinical Microbiology & Infectious Diseases* (2018) 37: 969-975?:

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Septic shock from infected decubitus ulcers can be largely avoided with the proper standard of care.”

*Greg Vigna, MD*

“The objective of this study is to evaluate the clinical and microbiological characteristics of bacteremia associated with pressure ulcers (BAPU) and factors associated with mortality.

The most frequent microorganisms isolated in blood culture were *Staphylococcus aureus*, *Proteus spp.*, and *Bacteroides spp.* The bacteremia was polymicrobial in 14

cases (25.0%). Overall mortality was observed in 23 episodes (41.1%).

Variables associated with overall mortality in the univariate analysis were hospital-acquired bacteremia, polymicrobial bacteremia, failure to perform surgical debridement of the ulcer, and serum albumin below 23 g/L.”

Read Dr. Espejo's article to learn more: <https://link.springer.com/content/pdf/10.1007/s10096-018-3216-8.pdf>

Dr. Vigna adds, "Septic shock from infected decubitus ulcers can be largely avoided. The standard of care for decades has been reliable pressure relief on a clinitron bed, nutritional support with feeding tubes and early debridement of infected tissue followed by flap closure when the wound begins to granulate in. We are investigating all cases where hospitals are discharging patients with serious decubitus ulcers to a lower level of care or a LTAC that doesn't offer reconstructive surgery."

Dr. Vigna concludes, "As a medical director of a Long-term Acute Care Hospital (LTAC), I developed a flap program because flaps offered cure for patients admitted to the hospital with Stage III and Stage IV sacral, ischial, and/or hip decubitus ulcers to prevent death from sepsis from infected bedsores. It isn't difficult to do. It is the standard of care."

Learn about the prognosis of pelvic decubitus ulcers complicated by osteomyelitis managed without reconstructive surgery:

<https://journals.sagepub.com/doi/full/10.1177/20499361231196664>

Greg Vigna, MD, JD, is a national malpractice attorney and an expert in wound care. He is available for legal consultation for families and patients who have suffered decubitus ulcers due to poor nursing care at hospitals and nursing homes. [The Vigna Law Group](#), along with Ben C. Martin, Esq., of the [Ben Martin Law Group](#), a Dallas, Texas national pharmaceutical injury law firm, jointly prosecute hospital and nursing home neglect cases that result in bedsores nationwide.

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