**Introduction:**
Sepsis is life-threatening organ dysfunction caused by a dysregulated host response to infection [1-2]. We compared organ failure incidence and evolution in medical versus surgical septic patients in ICU.

**Methods:**
Septic patients admitted to a general ICU were retrospectively analyzed from 2012 to 2017 for: SAPSII, SOFA score at ICU admission and worst value during ICU stay, site of infection and severity, duration of MV, need and timing for tracheotomy, need and duration of vasoactive drugs, need for RRT, ICU-acquired infections, ICU and post-ICU LOS and outcome. Traumatic and neurological patients were excluded. P value <0.05 was considered significant.

**Results:**
956 septic patients were enrolled: 56% medical and 44% surgical. Medical patients were younger (66 vs 70 yy, p<0.05) and with worst SAPSII (53 vs 49, p<0.05). At ICU admission SOFA score was higher in medical patients (9 vs 7, p<0.05), due primary to neurological and renal dysfunction. During ICU stay, medical patients revealed a haemodynamic worsening (8% shock increase, p<0.05). Moderate ARF was prevalent in both groups; surgical patients had a higher need of MV (96% vs 83%, p<0.05), but with a shorter duration than medical ones that were mostly treated with tracheotomy (26 vs 15%, p<0.05). AKI was more severe in medical patients and worsened in both groups without differences on need of RRT. Targeted antibiotic therapy was higher in medical patients (63% vs 35%, p<0.05), but no differences emerged for duration and superinfections. Medical patients had a longer ICU LOS (8 vs 6 dd, p<0.05), with a higher ICU mortality rate (26 vs 17%, p<0.05); they showed a shorter post-ICU LOS (11 vs 16 dd, p<0.05) with a higher but not significant inhospital mortality rate (37 vs 33%).

**Conclusion:**
Septic medical patients had a worst outcome in comparison to surgical ones, probably related to a more severe clinical state at ICU admission and a worsening in organ function.

**References:**