**Introduction:**
The purpose of our retrospective study is to compare 2 groups (patients with amyotrophic lateral sclerosis - ALS- or neurological disease and patients non neurological disease) of tracheoventilated patients in a considered period to highlight differences in ICU recovery for VAP [1] and mortality, due to VAP or other causes - ex. acute renal failure or cardiac diseases.

**Methods:**
24 tracheostomized adult patients, cuffed cannulae, 24 hours of home ventilation, cannula change every 60 days at home, in the period 2015-2019, classified in 2 groups (group A: patients with ALS or neurological diseases - 62.5% - and group B: patients without neurological diseases ex. pulmonary diseases - 37.5%). We consider VAP with ICU recovery and mortality due to VAP or other causes in the 2 groups. Clinical, radiological and microbiological criteria have been used for diagnosis of VAP. The results is expressed as percentage and as average and standard deviation.

**Results:**
VAP with ICU recovery involved 50% (12/24) of the patients [average 1.83 and standard deviation 0.79] (66% group A vs 22% group B). The deaths for VAP 4/12 (33% - 26% group A vs 0% group B). Mortality for other causes 5/24 (20.5% - 13% group A vs 33% group B).

**Conclusion:**
Comparing the 2 groups, VAP with ICU recovery and mortality for VAP in ICU are more frequent in group of neurological patients; mortality for other causes is higher in the group of non neurological patients.

**References:**