Author reply

Sir,

We would like to thank Dr. Patnaik and Dr. Azim for their interest and valuable comments in our study.[1] We have re-examined our article in accordance with the recommendations, and we were aware of some important issues through constructive comments of the authors.

The unit of procalcitonin (PCT) was ng/ml; however, it was mistakenly written as ng/dl in our study. If the value of PCT was ng/dL, we should have found lower PCT levels in our study, as the authors have noted. In addition, the numerical values of PCT that we found in our study were also compatible with other studies reported in the literature as ng/ml.[2-4]

As noted, standard deviation values for PCT were quite high. However, we thought that it would be more appropriate to include all data into the analysis to avoid a possible bias in the study.

We certainly agree that serial measurement of PCT may be more valuable in predicting outcome in intensive care unit (ICU) patients.[5] Unfortunately, we could not get the data about serial PCT levels in all patients due to the retrospective design of our study.

The causes of sepsis and septic shock in 92 nonbacteremic groups were as follows: lower respiratory tract infections (56.5%), intra-abdominal infections (33.7%), skin and soft-tissue infections (9.8%), urinary tract infections (8.7%), and central nervous system infections (2.2%). Multiple foci of infection were detected in 9.8% of nonbacteremic patients. The major causes of death in patients with systemic inflammatory response syndrome (SIRS) were coronary heart disease and malignancy. The mortality rate may be relatively high due to the small number of SIRS patients in our study.

We found that 28-day mortality was higher in the nonbacteremic group than patients with bacteremia ($P = 0.002$). We thought that bacteremic patients had better survival due to the early initiation of antimicrobial therapy in the early period of ICU admission, and 28-mortality was higher in nonbacteremic patients due to the severity of illness such as acute coronary syndrome and terminal malignancy.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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Quick Response Code:

Website: www.ijccm.org

DOI: 10.4103/ijccm.IJCCM_308_18

How to cite this article: Demirdal T, Sen P, Nemli SA. Author reply. Indian J Crit Care Med 2018;22:820.