RE: The evaluation of early predictive factors for urosepsis in patients with negative preoperative urine culture following mini-percutaneous nephrolithotomy

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Dear Editors,

In the present study [1], the authors discussed an issue of urosepsis among MPCNL patients with negative preoperative UC. Even a retrospective study, the high volume study enrolled 786 consecutive patients provided a convincing evidence. They concluded that positive preoperative urine test (containing positive nitrite, white blood cells and leukocyte esterase, N+WBC+LE+) and operative time > 120 min were independent risk factors for urosepsis. Further, N+WBC+LE+ was supposed to be an early and efficient prediction of intraoperative bacterial status (61.7% sensitivity and 97.3% specificity) and urosepsis [area under the curve (AUC) was 0.785] following MPCNL.

It was no doubt an excellent work, but an obvious mistake was found in Fig. 1: receiver operating characteristic (ROC) curve for N+WBC+LE+ and OP > 2 h in predicting urosepsis after MPCNL. The label under the x-axis was presented as ‘Specificity%’, which was supposed to be in an appropriate way of ‘1-specificity%’. We believe a correction would show the rigor of both the authors and the journal.

Author contribution LP and WZ manuscript writing and editing.

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Compliance with ethical standards

Conflict of interest The author declares that he has no conflict of interest.

Reference

1. Zhu Z, Cui Y, Zeng H et al (2019) The evaluation of early predictive factors for urosepsis in patients with negative preoperative urine culture following mini-percutaneous nephrolithotomy. World J Urol. <https://doi.org/10.1007/s00345-019-03050-9>

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