



Letter to the Editor concerning "Is procalcitonin a reliable indicator of sepsis in spinal cord injury patients: an observational cohort study" by Anas M, et al. (Eur Spine J [2023] https://doi.org/10.1007/s00586-023-07609-4)

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Received: 29 March 2023 / Revised: 29 March 2023 / Accepted: 9 May 2023 / Published online: 31 May 2023
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We read and discussed the article by Anas et al. [1] with great interest in our peer group. The article is well composed and establishes the reliability of serum procalcitonin (PCT) levels as a sensitive and specific marker of infection even in patients with quadriplegia or paraplegia due to spinal cord injuries (SCI). It has been shown that only 60% patients had elevated C-reactive protein (CRP) levels and white blood cells (WBC) count were raised for 30% patients only. The authors have shown that there is a positive correlation between the levels of PCT & CRP and PCT & WBC counts. We would seek further explanation from the authors on the following points.

1. The authors mentioned using NICE guidelines for identification of septicemia in patients of SCI. The NICE guidelines group the patients of sepsis into 3 categories based on their signs and symptoms [2]. It would be interesting to have the details of subgroup analysis of the patients included in the study.
2. The authors have recommended to use PCT levels for monitoring the progress of infection treatment as described in the literature [3], but they have described the effect of antibiotic treatment on PCT levels and correlation of PCT with patient's infection status.

3. The small sample size and lack of follow-up are major limitation for the study.
4. The absence of control causes bias as the PCT levels in SCI patients without any infection would be interesting to know.
5. The authors have not explained non-availability of erythrocyte sedimentation rates (ESRs) in all the patients in spite of the progressive design of the study.

References

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