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LETTER

Association Between Age and the 28-Day All-Cause Mortality in Tuberculosis Complicated by Sepsis in ICU Patients: A Retrospective Cohort Study [Letter]

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Dear editor

We deeply studied and discussed a paper entitled "Association Between Age and the 28-Day All-Cause Mortality in Tuberculosis Complicated by. Sepsis in the ICU Patients: A Retrospective Cohort Study" by Cui et al.¹ This study found a nonlinear relationship between age and short-term all-cause mortality in ICU patients with tuberculosis complicated with sepsis, and older patients at admission may have a higher risk of death, which provides guidance for predicting mortality in ICU patients with sepsis complicated with tuberculosis. We are very interested in the factors that influence mortality in ICU patients with sepsis and tuberculosis, so we have the following questions to discuss with the authors.

Firstly, Weng et al² showed that POSMI was an effective tool for predicting mortality in ICU sepsis patients and was superior to APACHEII score and SOFA score. Therefore, different criteria can lead to different mortality prediction results. This research adopts the APACHEII scores and SOFA scores to predict mortality of the patients. Choosing a more appropriate criteria can make the results more reliable. Second, Chinaeke et al³ found that compared with patients who were not using statins, use of statins in front of the ICU admission plays a protective role in patients with sepsis. This study did not consider information on patients' medication use prior to admission; if this study had an analysis of medication use prior to admission in the included sepsis patients, this could have made the results more rigorous. In addition, Yan et al⁴ found that the abnormal level of serum calcium sepsis in-hospital mortality increased significantly. Thus, lower or higher serum calcium levels were associated with an increased risk of 28-day mortality. Data related to serum calcium levels in patients were not recorded in this study. A comprehensive exploration of the factors influencing the 28-day mortality of patients with sepsis can improve the accuracy of the study.

Once again, we would like to express our sincere thanks to the authors for their outstanding achievements in this study and look forward to their valuable guidance on our questions.

Disclosure

The authors report no conflicts of interest in this communication.

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