

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

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## Dear editor

We appreciate the opportunity to respond to the insightful questions raised by He et al regarding our study, “Association Between Age and the 28-Day All-Cause Mortality in Tuberculosis Complicated by Sepsis in ICU Patients: A Retrospective Cohort Study”.

Response to the first request:

We acknowledge the effectiveness of the POSMI score as highlighted by Weng et al<sup>1</sup> and its superiority over the APACHE IV and SOFA scores in predicting sepsis mortality in the ICU. In our study, we chose the APACHE II and SOFA scores because of their widespread use and acceptance in our clinical setting, which allowed for standardised assessment of patients. However, we agree that the use of a variety of criteria, including POSMI, could improve the robustness of mortality prediction. Future research will consider the inclusion of POSMI to provide a more nuanced analysis.

Response to the second question:

Chinaeke et al<sup>2</sup> did indeed find a protective role for statin use in sepsis patients. In our study, we did not initially collect data on medication use prior to ICU admission. We appreciate the suggestion to analyse the influence of pre-admission statin use on sepsis outcomes. Although this was beyond the scope of our initial study, we will consider this variable in future research to improve the rigour of our findings.

Response to the third question:

Yan et al<sup>3</sup> reported the significant impact of abnormal serum calcium levels on in-hospital mortality in sepsis patients. We acknowledge the importance of this biomarker and its association with 28-day mortality. Serum calcium levels were not recorded in our study, but we agree that the inclusion of such data could improve the accuracy of our analysis. Future studies will aim to include serum calcium levels and other relevant biomarkers to provide a comprehensive assessment of factors influencing mortality.

We thank He et al for their careful reading of our paper and for their constructive comments. Their questions have prompted us to consider additional variables and methods that may further refine our understanding of mortality predictors in ICU patients with tuberculosis complicated by sepsis.

We are committed to advancing the field and are open to collaboration and discussion to improve the clinical management and outcomes of these critically ill patients.

## Disclosure

The authors report no conflicts of interest in this communication.

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