

Case Report

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Comment for In Treating Sepsis, Questions About Timing and Mandates

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Introduction

Comment

No doubtly, sepsis is still one of the great challenges because of its potential of life-threatening.

According to detailed investigations and accurate analysis from Jennifer Abbasi, the with keen insight and the unique vision on the timing of the treating sepsis unveiled the fact that the notion of "early diagnosis and early administration (the initial few hours) of antibiotics" might be of crucial importance. The article's rich information is positive and instructive, with value of sharing and rethought.

But according to the updated definition of sepsis and septic shock, or the pathogenesis of sepsis, it is just an upgraded stage of infection's natural development, or a sector of infectious diseases, so the timing of treating sepsis only staying on "early antibiotics" may be not comprehensive, if fully consideration is ongoing under a singer roof. Any ignorance of its primary etiology, detecting of "first ground" or even "second ground" etc. may lead to ineffective therapeutic outcome. For example, we ever encountered a 9-year-old boy with liver abscess, who suffered from persistent high fever, and at that moment liver abscess did not develop enough

liquefaction to place drainage catheter. As a result, only top antibiotics alone were far from enough to achieve its value until liver abscess drainage was conducted timely, but this was also not the first site of sepsis, the first real scene was his chronic appendicitis, so he later performed appendectomy.

On review, 8-year after surgery, no evidence of recurrence of liver abscess is found. Obviously, it's essential to build a complete chain or flow program of sepsis, aiming to tie various interconnected link points. Based on this suggestive, the discussion of therapeutic timing may be comprehensive and thorough. Theoretically, each possible link point is worthy of treating as a target. Real steps, including all phases of disease, should be taken into sepsis to promise a scientific and provisional strategy.

Declaration

All authors declare that they have no conflict of interests on the manuscript.

Reference

1. Abbasi, J. (2017). "In treating sepsis, questions about timing and mandates." JAMA.