Managing bloodstream infections

(JANUARY 2011)

TO THE EDITOR: I congratulate Drs. O'Grady and Chertow for their excellent review on bloodstream infections.[1] I just want to call attention to one aspect that the authors forgot. In **FIGURE 1**, they classified patients as being mildly or moderately ill if they had no hypotension or organ failure, and subdivided this group into those having or not having high-risk factors. The high-risk factors included evidence of severe sepsis, which by definition needs dysfunction or failure of one or more organs.[2]

As has been demonstrated by epidemiologic studies, severe sepsis is associated with a high risk of death,[3] twice as high as in patients with only catheter-related bloodstream infection.[4] So, according to the joint guidelines of the American College of Chest Physicians and the Society of Critical Care Medicine,[2] severe sepsis implies dysfunction or failure of at least one organ. I believe that patients with severe sepsis should be classified in the group of seriously ill.

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REFERENCES

1. **O'Grady NP, Chertow DS**. Managing bloodstream infections in patients who have short-term central venous catheters. Clev Clin J Med 2011; 78:10–17.
2. **Bone RC, Balk RA, Cerra FB, et al**. Definitions for sepsis and organ failure and guidelines for the use of innovative therapies in sepsis. The ACCP/SCCM Consensus Conference Committee. American College of Chest Physicians/Society of Critical Care Medicine. Chest 1992; 101:1644–1655.
3. **Vincent J-L, Sakr Y, Sprung CL et al; Sepsis Occurrence in Acutely Ill Patients Investigators**. Sepsis in European intensive care units: results of the SOAP study. Crit Care Med 2006; 34:344–353.
4. **Zias N, Chroneou A, Beamis JF, Craven DE**. Vascular catheter-related bloodstream infections. In: O'Donnell JM, Nácul FE, editors. Surgical Intensive Care, 2nd Edition. New York: Springer, 2010:311–324.

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IN REPLY: We thank Dr. Dias for his careful read of our article, "Managing bloodstream infections in patients who have short-term central venous catheters," and we acknowledge that he is correct to point out that, by definition, severe sepsis is sepsis associated with organ dysfunction, hypoperfusion, or hypotension. Given this, he is correct that patients with severe sepsis should be categorized in the "seriously ill" patient group in our **FIGURE 1**.

In effect, however, the recommendations for patients in the "high-risk-factor" group are the same as the recommendations for the "seriously ill" patient group, which are to remove the catheter, draw at least two sets of blood cultures with at least one from a peripheral vein, and start empiric antibiotic therapy.

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CORRECTION

Giant cell arteritis

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There was an error in the caption for **FIGURE 2** in: Villa-Forte A. Giant cell arteritis: Suspect it, treat it promptly. Cleve Clin J Med 2011; 78:265–270. The image was of digital subtraction angiography, not magnetic resonance angiography. The caption has been corrected in the online version of the article.

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