

EMR Combined with CRB-65 Superior to CURB-65 in Predicting Mortality in Patients with Community-Acquired Pneumonia [Response to Letter]

Yi Sun^{1,2}, Hong Wang³, Minghao Gu⁴, Xingyu Zhang⁵, Xiudi Han¹, Xuedong Liu¹

¹Department of Respiratory and Critical Care Medicine, Qingdao Municipal Hospital Group, Qingdao, Shandong Province, 266000, People's Republic of China; ²School of Clinical Medicine, Shandong Second Medical University, Weifang, Shandong Province, 261000, People's Republic of China; ³Hospital-Acquired Infection Control Department, Qingdao Municipal Hospital Group, Qingdao, Shandong Province, 266000, People's Republic of China; ⁴Medical Department of Qingdao University, Qingdao University, Qingdao, Shandong Province, 266000, People's Republic of China; ⁵Human Resources Department, Qingdao Municipal Hospital Group, Qingdao, Shandong Province, 266000, People's Republic of China

Correspondence: Xuedong Liu; Xiudi Han, Email xuedongliu0607@163.com; hanxiudi@163.com

Dear editor

We are grateful to the Editor for this opportunity to respond to the comments in the letter to the Editor regarding our article, “EMR Combined with CRB-65 Superior to CURB-65 in Predicting Mortality in Patients with Community-Acquired Pneumonia”.¹

What is more, we really would like to thank Dr. Achmad and Dr. Lilik for their interest in our article. The first issue mentioned in the letter is the lack of a healthy control group. As we mentioned in the discussion section of our article, a limitation of our study is the relatively small size of the single-center cohort and there was no healthy control group to corroborate our findings. Therefore, we currently also lack sufficient data on etiology, which prevents us from definitively addressing the second question you raised regarding seasonal prevalence and other potential influencing factors.

However, our study is not over, and we are still collecting serum samples from patients with community-acquired pneumonia who meet the inclusion criteria (Patients were informed in detail about the study design and were requested to provide written consent before participation). In addition, we are recruiting healthy people to serve as a healthy control group. We are confident that this approach will address the current limitation of lacking a baseline control, thereby enhancing the validity and robustness of our experiment in the future.

As you mentioned in your letter, The conclusion “EMR combined with CRB-65 demonstrated superior predictive capabilities for mortality in CAP patients compared to CURB-65” holds significant weight. Eosinophils have a pivotal role in the propagation of allergic conditions and immune and inflammatory networks.² Franke et al revealed that the level of asthma control, based on a composite measure of clinical findings, is associated with eosinophilic inflammation.³ Şeyhmus et al revealed that The eosinophil-to-monocyte ratio at the admission of less than 0.03 was documented to be associated with higher mortality.⁴ Therefore, clinicians should pay attention to patients with asthma, allergic diseases and pulmonary embolism when applying EMR combined with CRB-65. If there are conditions in the future, we will further study the relevant mechanism.

Disclosure

The authors report no conflicts of interest in this communication.

References

1. Sun Y, Wang H, Gu M, Zhang X, Han X, Liu X. EMR Combined with CRB-65 Superior to CURB-65 in Predicting Mortality in Patients with Community-Acquired Pneumonia. *Infect Drug Resist.* 2024;17:463–473. doi:10.2147/IDR.S443045
2. Agnello L, Giglio RV, Bivona G, et al. The Value of a Complete Blood Count (CBC) for Sepsis Diagnosis and Prognosis. *Diagnostics.* 2021;11(10):1881.
3. Volbeda F, Broekema M, Lodewijk ME, et al. Clinical control of asthma associates with measures of airway inflammation. *Thorax.* 2013;68(1):19–24. doi:10.1136/thoraxjnl-2012-201861
4. Kulahcioglu S, Tokgoz HC, Akbal OY, et al. Eosinophil-to-Monocyte Ratio as a Candidate for a Novel Prognostic Marker in Acute Pulmonary Embolism: is it a Consumptive Mechanism? *Anatol J Cardiol.* 2022;26(9):717–724. doi:10.5152/AnatolJCardiol.2022.1780

Dove Medical Press encourages responsible, free and frank academic debate. The content of the Infection and Drug Resistance 'letters to the editor' section does not necessarily represent the views of Dove Medical Press, its officers, agents, employees, related entities or the Infection and Drug Resistance editors. While all reasonable steps have been taken to confirm the content of each letter, Dove Medical Press accepts no liability in respect of the content of any letter, nor is it responsible for the content and accuracy of any letter to the editor.

Infection and Drug Resistance

Dovepress

Publish your work in this journal

Infection and Drug Resistance is an international, peer-reviewed open-access journal that focuses on the optimal treatment of infection (bacterial, fungal and viral) and the development and institution of preventive strategies to minimize the development and spread of resistance. The journal is specifically concerned with the epidemiology of antibiotic resistance and the mechanisms of resistance development and diffusion in both hospitals and the community. The manuscript management system is completely online and includes a very quick and fair peer-review system, which is all easy to use. Visit <http://www.dovepress.com/testimonials.php> to read real quotes from published authors.

Submit your manuscript here: <https://www.dovepress.com/infection-and-drug-resistance-journal>

<https://doi.org/10.2147/IDR.S470587>