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RESPONSE TO LETTER

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

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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.

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