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LETTER

Prediction of 30-Day Mortality Using the Quick Pitt Bacteremia Score in Hospitalized Patients with *Klebsiella pneumoniae* Infection [Letter]

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Dear editor

We are documenting this to express our appreciation for the recent publication of the research article entitled Prediction of 30-Day Mortality Using the Quick Pitt Bacteremia Score in Hospitalized Patients with Klebsiella pneumoniae Infection by Su et al[1] in the reputable journal "Infection and Drug Resistance". Firstly, I would like to congratulate the authors and acknowledge their successful publication.

The authors did fantastic work, and the findings of the study have important clinical relevance as they highlight the effects of qPitt (a simplified quicker version of the Pitt bacteremia score (PBS)), in patients with *K. pneumoniae* infection, and qPitt revealed excellent 30-day mortality prediction ability. The qPitt also exhibited mortality discrimination ability in nonbacteremic patients with *K. pneumoniae* infections.[2]

To one's regret, the study does not furnish the optimal cut-off value for PBS. Studies have shown that PBS score is an index to evaluate the severity of acute infectious diseases. It was originally used to predict the mortality of patients with *Pseudomonas aeruginosa* bloodstream infection and has since been proved to be a good predictive value for the risk of death of patients with other gram-negative, gram-positive, antibiotic-resistant bacteria and fungal bloodstream infections, with a range of 0 to 14 points. It is common that the PBS score ≥ 4 is used to indicate an increased risk of critical illness and mortality. Through ROC curve analysis, Wang et al[3] found that patients with PBS$\geq$6 and blood infection had an increased risk of death, and this critical value reminded clinicians to be vigilant. Shen et al[4] also found that the higher the PBS score, the more serious the condition of patients. The PBS value can reflect the severity of the disease, so the author believes that the threshold value of PBS score is very important.

The article draws that qPitt revealed excellent 30-day mortality prediction ability. If a critical value can be studied, it will provide clinicians with more accurate reference value.

Disclosure

The authors report no conflicts of interest in this communication.

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