# Assessment of the role of procalcitonin in the management of severe surgical patients with sepsis

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#### Abstract

**Background:** The assessment of procalcitonin not only provides valuable information about the diagnosis but is also useful in the selection of the corresponding antibiotics for the management of sepsis. The studies related to this procalcitonin role are comparatively sparse.

**Objective:** The present study was undertaken to observe the role of procalcitonin in the management of severe surgical patients with sepsis.

**Materials and methods:** A total of 50 patients diagnosed with sepsis and aged more than 18 years including both males and females were part of the study after obtaining the written, voluntary informed consent. Unwilling participants were excluded from the study. Patients with any severe complications were also excluded from the study.

**Results:** Results were presented in Tables no 1 and 2. Table no 1 presents the gender distribution of the participants. The majority of the participants were males with 56% and females were 44%. Table no 2 presents the levels of procalcitonin levels in the participants. The majority of the participants have excessive levels of procalcitonin levels. That is procalcitonin was more than 10ng/ml in 40 patients which means nearly 80 percent of the patients have excessive levels of procalcitonin in the diagnosis of sepsis.

**Conclusion:** Significantly higher levels of procalcitonin levels were observed in the patients with sepsis. The study results testify to the diagnostic value of the procalcitonin. The study recommends further detailed studies in this area to support the procalcitonin in the diagnosis of sepsis.

Keywords: Sepsis, procalcitonin, infection, inflammation, antibiotic therapy

## Introduction

When the body fails to resist the infection, it will lead to sepsis which is a life-threatening condition <sup>[1]</sup>. In this situation to save the life of the patient, the only way is to diagnose the sepsis at the earliest <sup>[2]</sup>. However, it is very important to diagnose and separate the infectious and non-infectious types of sepsis. Further, after the diagnosis, it is mandated to select proper antibiotics to manage the sepsis. Because improper treatments lead to adverse effects and

even death of the patient <sup>[3]</sup>. It was reported that approximately thirty percent of the antibiotics used in the management of clinical cases in hospitals were inappropriate <sup>[4]</sup>. Hence, from the beginning of diagnosis to the selection of the correct antibiotics, proper care has to be taken. To overcome this problem, blood biomarkers have come into existence <sup>[5]</sup>. One such effective biomarker is procalcitonin which a precursor of calcitonin <sup>[6]</sup> is. The assessment of procalcitonin not only provides valuable information about the diagnosis but is also useful in the selection of the corresponding antibiotics for the management of sepsis <sup>[7]</sup>. The studies related to this procalcitonin role are comparatively sparse. Hence, the present study was undertaken to observe the role of procalcitonin in the management of severe surgical patients with sepsis.

#### Materials and methods

Study design: Observational study.

#### **Study participants**

A total of 50 patients diagnosed with sepsis and aged more than 18 years including both males and females were part of the study after obtaining the written, voluntary informed consent. Unwilling participants were excluded from the study. Patients with any severe complications were also excluded from the study.

#### Methods

After the recruitment, patients underwent a thorough physical examination. Then the demographic data was obtained followed by detailed data collection. Blood samples were collected by standard procedures mentioned in the literature. The collected blood samples were centrifuged and the supernatant was used to estimate the procalcitonin levels.

#### **Ethical considerations**

The study was approved by the institutional human ethical committee. Voluntary informed consent was obtained from all the participants.

#### **Statistical analysis**

Data was analyzed using SPSS 20.0. Data was represented in frequency and percentages.

#### Results

Results were presented in Tables no 1 and 2. Table no 1 presents the gender distribution of the participants. The majority of the participants were males with 56% and females were 44%. Table no 2 presents the levels of procalcitonin levels in the participants. The majority of the participants have excessive levels of procalcitonin levels. That is procalcitonin was more than 10ng/ml in 40 patients which means nearly 80 percent of the patients have excessive levels of procalcitonin in the diagnosis of sepsis.

Gender	Number of participants (N=50)
Males	28(56%)
Females	22(4%)

**Table 1:** Distribution of the participants as per the gender

Data were presented as frequency and percentage

Procalcitonin levels (ng/ml)	Number of participants (N=50)
<0.5	4 (8%)
0.5-1.9	4 (8%)
2-10	2 (4%)
>10	40 (80%)

Table 2: Distribution of the participants according to the level of calcium

Data were presented as frequency and percentage

## Discussion

The studies related to this procalcitonin role are comparatively sparse. Hence, the present study was undertaken to observe the role of procalcitonin in the management of severe surgical patients with sepsis. The majority of the participants were males with 56% and females were 44%. The majority of the participants have excessive levels of procalcitonin levels. That is procalcitonin was more than 10ng/ml in 40 patients which means nearly 80 percent of the patients have excessive levels of procalcitonin. This will testify to the importance of procalcitonin in the diagnosis of sepsis. In the present situation, the diagnosis of sepsis is still a great task, the procalcitonin is producing promising results. Many earlier studies testified to the role of procalcitonin in the diagnosis of sepsis [8-12]. Further, the studies also explained that there is no harmful effect in assessing the procalcitonin levels <sup>[13]</sup>. Another study reported that especially in patients who were critically ill, procalcitonin is the only biomarker that guides the treatment strategy <sup>[14]</sup>. It was reported that procalcitonin-guided treatment significantly decreased the mortality rate in patients with sepsis <sup>[15]</sup>. The treatment outcomes with procalcitonin-guided treatment were consistent <sup>[16-18]</sup>. The study results support the results of earlier studies and testify that procalcitonin is a useful diagnostic tool for the early diagnosis of sepsis.

## Conclusion

Significantly higher levels of procalcitonin levels were observed in the patients with sepsis. The study results testify to the diagnostic value of the procalcitonin. The study recommends further detailed studies in this area to support the procalcitonin in the diagnosis of sepsis.

## **Conflicts of interest:** None declared.

# Source of funding: Self-funding.

## References

- 1. Bracht H, Hafner S, Weiss M. Sepsis Update: Definition and Epidemiology. Anasthesiol Intensivmed Notfallmed Schmerzther. 2019;54:10-20.
- 2. Rhodes A, Evans LE, Alhazzani W, *et al.* Surviving Sepsis Campaign: International Guidelines for Management of Sepsis and Septic Shock: 2016. Intensive Care Med. 2017;43:304-77.
- 3. Zilahi G, McMahon MA, Povoa P, *et al.* Duration of antibiotic therapy in the intensive care unit. J Thorac Dis. 2016;8:3774-80.
- 4. Jee Y, Carlson J, Rafai E, *et al.* Antimicrobial resistance: a threat to global health. Lancet Infect Dis. 2018;18:939-40.
- 5. Fridkin S, Baggs J, Fagan R, *et al.* Vital signs: improving antibiotic use among hospitalized patients. MMWR Morb Mortal Wkly Rep. 2014;63:194-200.
- 6. Schuetz P, Aujesky D, Muller C, et al. Biomarker-guided personalised emergency

medicine for all-hope for another hype? Swiss Med Wkly. 2015;145:w14-079.

- 7. Schuetz P, Raad I, Amin DN. Using procalcitonin-guided algorithms to improve antimicrobial therapy in ICU patients with respiratory infections and sepsis. Curr. Opin. Crit. Care. 2013;19:453-60.
- 8. Schuetz P, Koller M, Christ-Crain M, *et al.* Predicting mortality with pneumonia severity scores: importance of model recalibration to local settings. Epidemiol Infect. 2008;136:1628-37.
- 9. Schuetz P, Christ-Crain M, Muller B. Procalcitonin and other biomarkers to improve assessment and antibiotic stewardship in infections-hope for hype? Swiss Med Wkly. 2009;139:318-26.
- 10. Annane D, Maxime V, Faller JP, *et al.* Procalcitonin levels to guide antibiotic therapy in adults with non-microbiologically proven apparent severe sepsis: a randomised controlled trial. BMJ Open, 2013, 3.
- 11. Bloos F, Trips E, Nierhaus A, *et al.* Effect of Sodium Selenite Administration and Procalcitonin-Guided Therapy on Mortality in Patients with Severe Sepsis or Septic Shock: A Randomized Clinical Trial. JAMA Intern Med. 2016;176:1266-76.
- 12. De Jong E, van Oers JA, Beishuizen A, *et al.* Efficacy and safety of procalcitonin guidance in reducing the duration of antibiotic treatment in critically ill patients: a randomised, controlled, open-label trial. Lancet Infect Dis. 2016;16:819-27.
- 13. Deliberato RO, Marra AR, Sanches PR, *et al.* Clinical and economic impact of procalcitonin to shorten antimicrobial therapy in septic patients with proven bacterial infection in an intensive care setting. Diagn Microbiol Infect Dis. 2013;76:266-71.
- 14. Huang HB, Peng JM, Weng L, *et al.* Procalcitonin-guided antibiotic therapy in intensive care unit patients: a systematic review and meta-analysis. Ann Intensive Care. 2017;7:114.
- 15. Iankova I, Thompson-Leduc P, Kirson NY, *et al.* Efficacy and Safety of Procalcitonin Guidance in Patients with Suspected or Confirmed Sepsis: A Systematic Review and Meta-Analysis. Crit Care Med. 2018;46:691-8.
- 16. Lamping F, Jack T, Rubsamen N, *et al.* Development and validation of a diagnostic model for early differentiation of sepsis and non-infectious SIRS in critically ill childrena data-driven approach using machine-learning algorithms. BMC Pediatr. 2018;18:112.
- 17. Christ-Crain M, Muller B. Procalcitonin in bacterial infections-hype, hope, more or less? Swiss Med Wkly. 2005;135:451-60.
- 18. Gilbert DN. Use of plasma procalcitonin levels as an adjunct to clinical microbiology. J Clin Microbiol. 2010;48:2325-9.