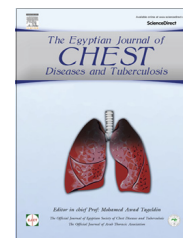




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## EDITORIAL

# Prediction of clinical outcomes in community-acquired pneumonia



Dear Editor,

We read with interest the article recently published by Ashraf and colleagues [1]. The authors evaluated the prognostic role of platelet count in patients with community-acquired pneumonia (CAP) and found a significant relation between both thrombocytopenia and thrombocytosis and the CURB-65 score (confusion, urea, respiratory rate, arterial blood pressure and age) as a score for severity of CAP.

Despite the efficacy of modern treatment, CAP is the leading cause of death due to infection [2]. Prognostic scores, like the CURB-65 score and the pneumonia severity index have been developed and validated to estimate the risk of adverse outcome and to register a patient with CAP for hospital admission [2,3]. Biomarkers are also useful tools in the diagnosis, prognostics and follow-up treatment of CAP. Procalcitonin and C-reactive protein are commonly used biomarkers in CAP, as indicators of severity of disease and predictors of mortality [4]. Since CAP is an infectious disease, commonly-used laboratory parameters include the C-reactive protein, white blood cell count, and procalcitonin. However, recent studies showed that cardiac complications are common in patients with CAP, and cardiovascular biomarkers are found to be superior compared to inflammatory markers, especially for the determination of long-term prognosis in CAP [5,6]. Elevated levels of natriuretic peptides and troponins are reported to be common and are associated with a higher risk of adverse outcome in CAP. Therefore, we would be grateful if the authors have and would provide the data regarding troponin, natriuretic peptide and procalcitonin levels on admission and their relationship with platelet counts and the severity of the disease in patients with CAP.

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