

Conflict of interest

The authors declare no competing interests.

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The risk stratification in community-acquired pneumonia



We have greatly enjoyed reading the recently published article by Zhou and colleagues [1]. The authors evaluated 226 consecutive adult patients with community-acquired pneumonia (CAP) admitted in ED of a tertiary teaching hospital and investigated the risk stratification and prognostic prediction value of procalcitonin and several clinical severity scores on patients with community-acquired pneumonia in ED. They found that combination of procalcitonin and The Sequential Organ Failure Assessment (SOFA) score achieved the highest superiority to other combinations in predicting not only severe CAP, but also 28-day mortality.

Despite the efficacy of modern treatment, CAP is the leading cause of death due to infection and also a frequent cause of medical consultations. Prognostic scores, like the CURB-65 (confusion, urea, respiratory rate, arterial blood pressure and age) 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. Biomarkers are also useful tools in the diagnosis, prognostics and follow-up treatment of CAP [2]. 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 [3]. Elevated levels of natriuretic peptides and troponins are reported to be common and are associated with a higher risk of adverse outcome in CAP. Moreover, decreased right ventricular systolic function [4] or presence of small pericardial effusion at transthoracic echocardiography [5] has been shown to be associated with increased rates of adverse events in patients with CAP.

Therefore, we think that combination of biomarkers of cardiac dysfunction with well-known biomarkers such as procalcitonin and CRP or combination of transthoracic echocardiography findings with classical prognostic scores, like the CURB-65 and SOFA, could improve the performance of single predictors in patients with CAP.

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Ambu® AuraGain™ laryngeal mask as a method of airway management of patient entrapped in vehicle



Sir,

We read the article by Evrin et al. [1] investigating the use of Ambu® AuraGain™ laryngeal mask by firefighters with a great interest. Undoubtedly, it is vitally important to keep looking for new methods of maintaining airway patency and to educate both medical and emergency services personnel in this aspect of medicine [2]. One group, from the emergency services personnel, which was examined by Evrin et al. [1] are lifeguards, however, firefighters are another professional