□ LETTERS TO THE EDITOR □

Clinical Usefulness of Procalcitonin as a Marker of Sepsis: A Novel Predictor of Causative Pathogens?**Key words:** procalcitonin, sepsis**(Intern Med 54: 1163, 2015)****(DOI: 10.2169/internalmedicine.54.3749)**

To the Editor We read the article by Nakajima et al. in a recent issue of Internal Medicine with great interest (1). In that article, the authors aimed to investigate the clinical utility of the procalcitonin (PCT) level as a marker of sepsis and subsequently concluded that the PCT level is a useful marker of the type of causative pathogen in patients with sepsis, whose measurement may facilitate the selection of appropriate empiric antibiotic treatment. Since the authors also categorized the patients according to the endotoxin levels, which increases the strength of the study, we would like to thank the researchers for their comprehensive contributions. However, we also wish to report a few concerns with this study.

In the reported study, it is remarkable that *Staphylococcus aureus* (*S. aureus*) was not included in the Gram-positive agent group when comparing the PCT levels between the patients with Gram-positive cocci and Gram-negative rods. The PCT level is affected by a variety of infectious agents and microbiological assessments are vital for evaluating the

PCT level. Previous studies have demonstrated that the PCT levels are higher in cases with Gram-negative results than in those with Gram-positive findings (2). Furthermore, a recent study showed that the PCT levels are higher in bacteremic patients with *S. aureus* infection than in those with coagulase-negative staphylococci (3). Therefore, it would have been more accurate to evaluate the causative microorganisms, including *S. aureus*, in the above study.

In conclusion, further studies are required to determine the relationships between the PCT level, causative pathogens and sepsis.

The authors state that they have no Conflict of Interest (COI).

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References

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