Proadrenomedullin (pro-ADM) has emerged as a valuable marker of sepsis. The potential role of pro-ADM in predicting the prognosis of CRBSI was evaluated” Ni et al (2018).

Abstract:

Patients with catheter-related bloodstream infection (CRBSI) have a poor prognosis. Proadrenomedullin (pro-ADM) has emerged as a valuable marker of sepsis. The potential role of pro-ADM in predicting the prognosis of CRBSI was evaluated. We enrolled 25 CRBSI patients and pro-ADM level was measured within 24 hours after each admission. Survival was assessed after 28 days. Among 25 patients with CRBSI, 14 patients survived. Pro-ADM in survivors was significantly lower than that in non-survivors (3.71 ± 1.30 vs 5.58 ± 1.18 nmol/L). The area under the curve (AUC) for pro-ADM was 0.87 (95% CI 0.68-0.97) with a cut-off value of 4.67 nmol/L, providing sensitivity of 85.7% and specificity of 81.8%. The AUCs for PCT, WBC, and CRP were 0.76 (95% CI 0.55-0.90), 0.72 (95% CI 0.50-0.88), and 0.69 (95% CI 0.48-0.86), respectively. Kaplan-Meier survival curves showed pro-ADM ≥ 4.67 nmol/L was associated with higher mortality (log-rank p = 0.001). Moreover, the pro-ADM level was significantly higher in patients with septic shock than those without shock (5.44 ± 1.17 vs 3.54 ± 1.18 nmol/L). The mortality of patients with septic shock was higher than that of patients without shock (69.2% vs 16.7%, P = .008). In conclusion, pro-ADM could be used as a prognostic marker of CRBSI in critically ill patients.

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Reference:


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