

Az SZTE Kutatóegyetemi Kiválósági Központ tudásbázisának
kiszélesítése és hosszú távú szakmai fenntarthatóságának megalapozása
a kiváló tudományos utánpótlás biztosításával”



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Egészségügyi Műhely

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„Aneszteziológia és intenzív terápia”
Prof. Dr. Molnár Zsolt



TÁMOP-4.2.2/B-10/1-2010-0012 projekt





Mennyire súlyos a szepszis?

<u>RESULTS:</u>	TNF- α [pg/ml]			IL -6 [pg/ml]			PCT [ng/ml]		
	mean	SE	n	mean	SE	n	mean	SE	n
SIRS	24,2	4,3	332	269	22	333	1,3	0,2	333
	p < 0.0001			< 0.0001			< 0.0001		
Sepsis	50,8	9,2	108	435	52	108	2	0	108
	p n.s.			< 0.02			< 0.0001		
Sev.Sepsis	59,1	17	20	970	168	20	8,7	2,5	20
	p n.s.			n.s.			< 0.0006		
Septic Shock	118	18,4	120	996	57	120	38,6	5,9	120

Oberhoffer M et al. *Intensive Care Med* 1996; 22: S1



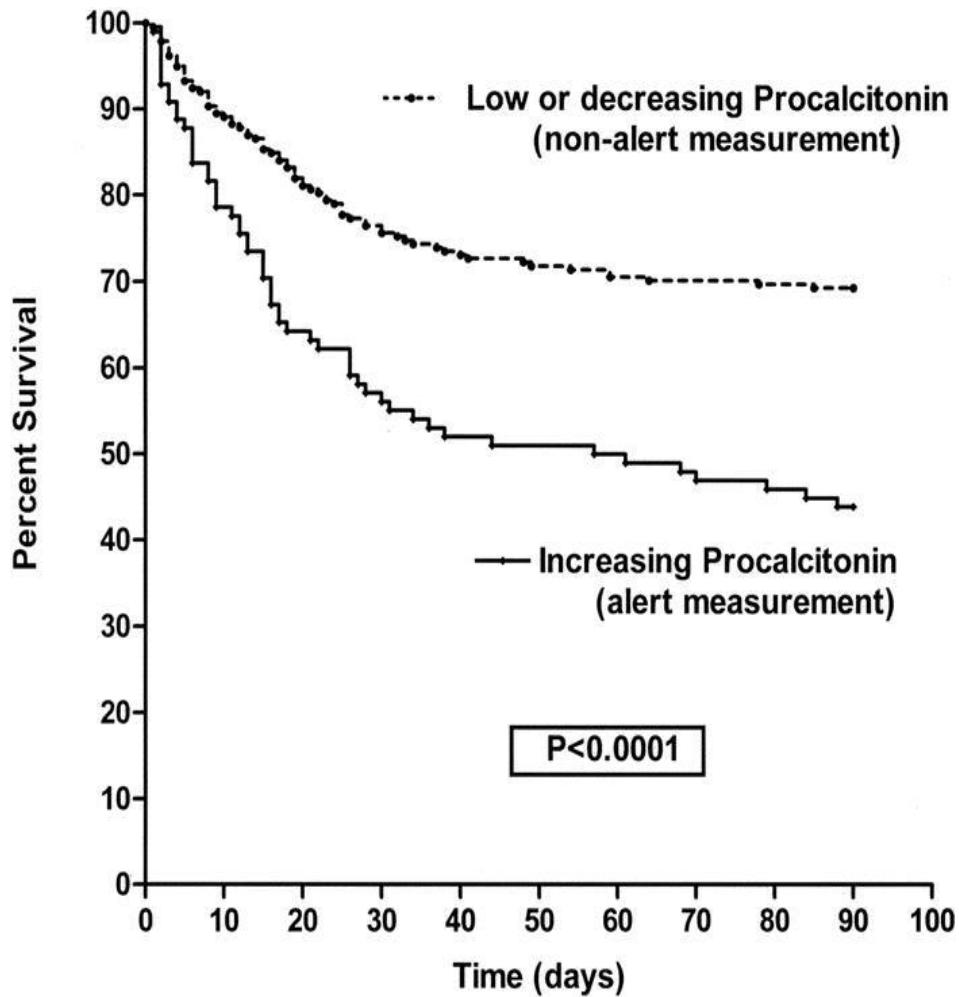
PCT prediktív értéke

		Szepszis		
		Igen	Nem	
PCT>2.4 ng/ml	Pozitív	Valós pozitív (TP)	Fals pozitív (FP)	$TP/(TP+FP)$ = Poz. pred. (95%)
	Negatív	Fals negatív (FN)	Valós negatív (TN)	$TN/(FN+TN)$ = Neg. pred. (89%)
		$TP/(TP+FN)$ = Sens (85%)	$TN/(FP+TN)$ = Spec (91%)	

Balcı C et al. Crit Care 2003; 7: 85-90

Procalcitonin increase in early identification of critically ill patients at high risk of mortality

Jensen JU et al. Crit Care Med 2006; 34: 2596-260



- PCT változás/24ó
- $\geq 1\text{ng/ml}$ v.
növekvő (alert)
- $<1\text{ng/ml}$ v.
csökkenő (non-alert)



Procalcitonin increase in early identification of critically ill patients at high risk of mortality

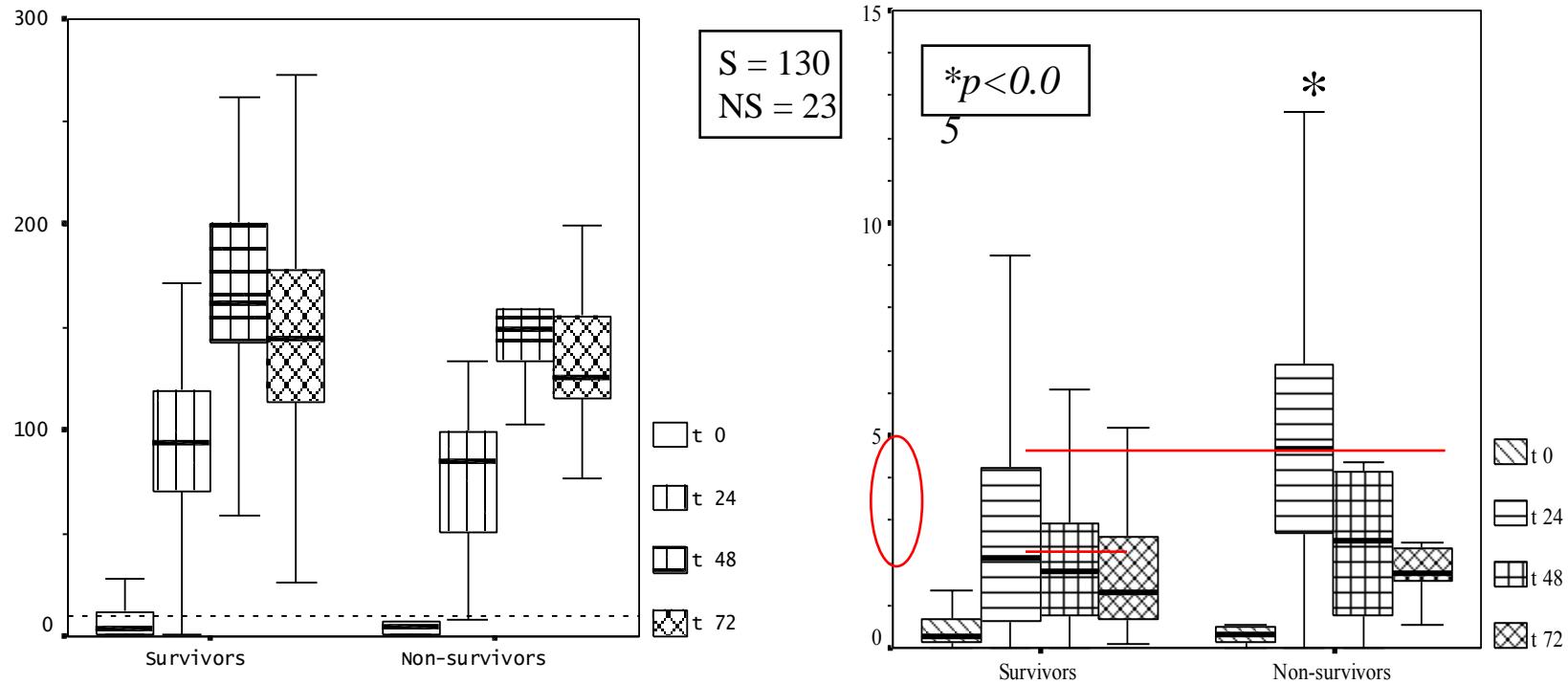
Jensen JU et al. *Crit Care Med* 2006; 34: 2596-260

Table 4. Ninety-day mortality risk and procalcitonin (PCT) day-to-day changes

Days with PCT Decrease or Increase After PCT ≥ 1.0 ng/mL	90-Day Mortality Rate with PCT Day-to-Day Change, %		Relative Risk of PCT Increasing (95% Confidence Interval)	<i>p</i> Value for Risk Difference	Patients, No.
	Decreasing (Nonalert)	Increasing (Alert)			
1	30.7	56.1	1.8 (1.4–2.4)	<.0001	336
2	28.7	62.2	2.2 (1.6–3.0)	<.0001	261
3	26.0	72.4%	2.8 (2.0–3.8)	<.0001	233

Mortality risks for patients with increasing and decreasing PCT. *p* values are estimated with the chi-square test. Categories are “alert PCT” vs. “nonalert PCT.” Constantly low PCT values are counted as nonalert PCT. Patients can be included in several categories; that is, patients with an increasing PCT trend for 3 days are also included in categories with increasing PCT trend for 1 and 2 days.

Posztoperatív CRP és PCT



Data are presented as minimum, maximum, 25-75% percentile and median.

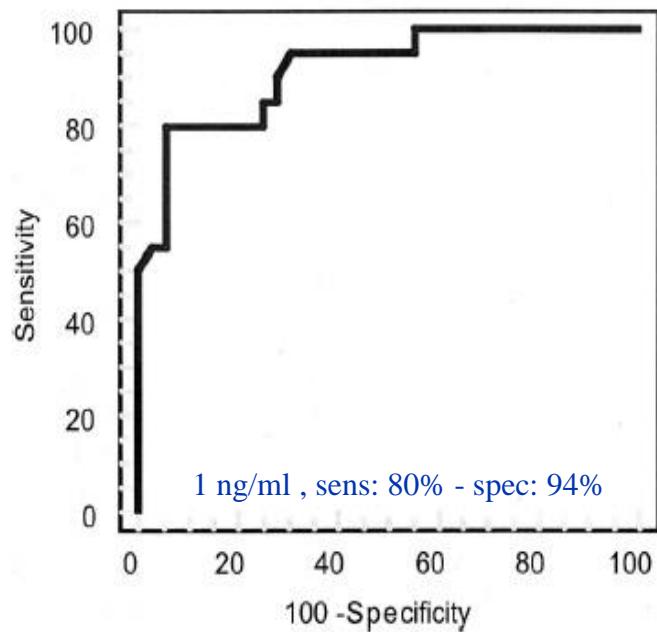
For statistical analysis Mann-Whitney U test was used.

Differential diagnostic value of procalcitonin in surgical and medical patients with septic shock

Belgyógyászati betegek:

SIRS: PCT = 0.3 (0.1-1.0) ng/ml

Szeptikus sokk: PCT = 8.4 (3.6-76.0)
ng/ml



Clec'h et al. *Crit Care Med* 2006;
34:102-107

Sebészeti betegek:

SIRS: PCT = 5.7 (2.6-8.4) ng/ml

Szeptikus sokk: PCT = 34 (7-76) ng/ml

