CRITICAL CARE

LETTER

Glucocorticoids in sepsis: dissecting facts from fiction

Charles L Sprung*[1], Djillali Annane[2], Mervyn Singer[3], Rui Moreno[4] and Didier Keh[5]; for the CORTICUS Study Group

See related commentary by Marik, http://ccforum.com/content/15/3/158

Dr Marik's recent commentary [1] states that "..as a result of an overwhelming selection bias, only approximately 5% of eligible patients were enrolled in the CORTICUS study [2]." As its authors, we are unaware as to what constitutes this overwhelming bias and from where he has plucked a figure of 5%. CORTICUS enrolled patients with clinical evidence of infection, systemic inflammatory response syndrome, shock within 72 hours (defined by a systolic blood pressure <90 mmHg despite adequate fluid replacement OR need for vasopressors for ≥1 hour), and hypoperfusion or organ dysfunction attributable to sepsis [2]. The placebo group received a maximum norepinephrine dose of 0.4 ± 0.5 mcg/kg/minute and their 28-day mortality was 31.5%. We openly acknowledged that slow recruitment was partly related to loss of equipoise; however, the above data not only appear representative of real life practice but are comparable to other contemporary septic shock studies, for example, VASST [3]. His contention that 7 to 10 days of low-dose hydrocortisone should be considered in patients receiving norepinephrine or equivalent at doses >0.1 mcg/kg/minute within 12 hours of shock onset is not supported by any evidence base, contradicts presently accepted international recommendations [4] and portrays a far more striking example of bias.

Competing interests
The authors declare that they have no competing interests.

Author details
[1]Hadassah Hebrew University Medical Center, Jerusalem, 91120 Israel. [2]Raymond Poincaré Hospital (Assistance Publique-Hôpitaux de Paris), Garches, CP 92380 France. [3]University College London, London, WC1E 6BT, United Kingdom. [4]UCIP, Hospital de St António dis Capuchos, Centro Hospitalar de Lisboa Central, E.P.E., 1169-050 Lisbon, Portugal. [5]Charité, Universitaetsmedizin, Berlin, 13353 Germany.

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*Correspondence: charles.sprung@ekmd.huji.ac.il
[1]Hadassah Hebrew University Medical Center, Jerusalem, 91120 Israel
Full list of author information is available at the end of the article