Introduction:
Sepsis and septic shock with very high mortality rate (30-50%) is associated with an inflammatory cascade and responsible for multiple organ dysfunction [1]. Extracorporeal cytokine adsorption device (Cytosorb) is an adjunctive therapy to modulate systemic inflammation in Sepsis and Septic shock patients. This retrospective data analysis from real world provides more insight in management of septic shock, as they reflect the management of patients in heterogeneity routine clinical settings.

Methods:
In this retrospective study, data of 30 septic shock patients with SOFA score >10 admitted in ICU treated with hemoadsorption (Cytosorb) therapy was collected and analysed.

Results:
30 patients (22 Male and 8 Females; mean age 59.33 yrs.) were administered cytosorb in addition to standard of care, an average of 1.1 cartridge was used for every patients for 4-6 hrs. Out of 30, 13 patients showed substantial reduction of 40% in SOFA score. 7 out of 30 patients had their MAP above 70mm hg after Cytosorb treatment and vasopressors were reduced to 50% from baseline. 10 & 15 patients showed good improvement in Serum Lactate 44.2% (mean 6.64 Vs 3.37) and serum creatinine 43.5% (2.80 Vs 1.58) respectively.

Conclusion:
We conclude that substantial difference was seen in Serum lactate, Serum Creatinine and vasopressor requirement after cytosorb therapy, however multi organ failure had already set in all patients before initiating cytosorb therapy, hence the above mentioned outcomes were not demonstrated in all patients.

References: