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Commentary on the "Clinical guidelines for the diagnosis of sepsis in children" article by R.F. Tepaev

Columnist:

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Dear Colleagues! Here is the article on the important issue of Pediatrics - the diagnosis of sepsis in children. In spite of the achievements that have significantly lowered mortality rates to 93% in the past 60 years, sepsis is currently killing every tenth child and every fourth adult patient. As such, I consider it appropriate once again for the children's doctors to focus on the diagnosing of sepsis, severe sepsis and septic shock. The term "sepsis" is derived from the Greek word σήψις meaning the decomposition and/or decay. Despite the fact that this term has been used in this context for nearly three millennia (use was started 300 years before the birth of Hippocrates), recently we have begun to understand the pathophysiology of sepsis from the standpoint of modern medicine. In 1914 Schottmueller gave a definition of the concept of "septicemia". Over the next 100 years, the definition underwent minor changes. The International Organization Surviving Sepsis Campaign published International Guidelines for the Management of Severe Sepsis and Septic Shock in 2013. In accordance with these recommendations, the most significant adjustments touched on the definition of "systemic inflammatory response." What is the reason for the limited use of this definition in the diagnosis of sepsis? Are there any differences in the nature of the appearance of the "systemic inflammatory response" in sepsis and sterile inflammation? I hope that in the following article, the reader will find answers to these questions.