# **Expert's comments**

Following are the comments on the article "Effectiveness of early start of direct hemoperfusion with polymyxin B-immobilized fiber columns judging from stabilization in circulatory dynamics in surgical treatment patients" [1]:

- The article addresses the issue of the role of direct hemoperfusion with polymyxin B-immobilized columns in septic shock. These columns have been shown to adsorb endotoxins and cytokines in previous studies. However, at present there is no clear-cut evidence attesting to benefit of this adjuvant therapy.
- 2. The study has a few unique features: (a) comparing relative benefits in surgical patients with medical patients, (b) using DHP-PMX columns early, i.e., within 3 hours h of onset of shock, and (c) using two columns consecutively for 2 hours h each.
- 3. The study shows a clear benefit in terms of 28-day

- mortality and hemodynamic effects in the case of surgical cases. An earlier, large multicenter study (the EUPHAS<sup>[2]</sup> supports these findings.
- In contrast, there were no significant positive effects of DHP-PMX in medical patients. Observational impressions from the Japanese experience since 1994 seem to support this view.
- 5. There are, however, some serious flaws in the study:
  (a) comparison within the groups with or without PMX columns is not available. In any case the sample size is too small, (b) computation of predicted mortality based on APACHE 2 scores is not reliable, (c) late mortality (>28 days) is not mentioned, (d) secondary end points, such as mechanical ventilator-free days, vasopressor-free days, and ICU days, are not mentioned.

In conclusion, this study supports the possibility that patients of postoperative abdominal sepsis with shock due to endotoxemia may benefit from DHP-PMX adjuvant therapy when treated at a very early stage. It also highlights the need for well-designed studies in this group of patients. The way the columns are used should also be explored in future studies.

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## Reference

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