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LETTER

EMR Combined with CRB-65 Superior to CURB-65 in Predicting Mortality in Patients with Community-Acquired Pneumonia [Letter]

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Dear editor

The recent article entitled "EMR Combined with CRB-65 Superior to CURB-65 in Predicting Mortality in Patients with Community-Acquired Pneumonia" explores the role of eosinophil-to-monocyte ratio (EMR) and eosinophil-to-lymphocyte ratio (ELR) in predicting disease severity and mortality among patients with community-acquired pneumonia (CAP). The study's strength lies in its comprehensive evaluation, involving 454 patients with a balanced representation of severe CAP (SCAP)[1] and non-SCAP cases. The use of laboratory examinations on day one after admission, along with propensity score matching (PSM) to balance potential confounding factors, adds rigor to the methodology. Identifying EMR and ELR as significantly lower in SCAP patients provides valuable insights into potential biomarkers for assessing disease severity.[2] However, some aspects warrant critical consideration. The absence of a healthy control group poses a challenge in validating the findings against a baseline standard. Moreover, the study's duration, spanning from November 18, 2020, to November 21, 2021, might not sufficiently encompass seasonal fluctuations or emerging factors relevant to CAP. While the study adeptly employs binary logistic regression and Cox proportional hazards regression models to identify risk factors and predictors, a more thorough examination of the inherent limitations and potential biases associated with these analytical approaches would markedly enrich the depth and rigor of the study's analysis. Such an endeavor would significantly contribute to a more profound comprehension and wider applicability of its findings in the field of community-acquired pneumonia research. The conclusion "EMR combined with CRB-65 demonstrated superior predictive capabilities for mortality in CAP patients compared to CURB-65" holds significant weight. However, the absence of a discussion surrounding potential underlying mechanisms behind this superiority could further enrich the interpretation and practical implications of the findings, thus enhancing the overall impact and relevance of the study. Overall, the study significantly advances our understanding of EMR and ELR as potential predictors in CAP, while CURB-65 and CRB-65 are applied owing to the advantages of being concise and easy-to-use.[3] Addressing noted limitations and providing a more nuanced analysis of mechanisms behind observed superiority would enhance the impact and relevance of these findings.

Disclosure

The authors report no conflicts of interest in this communication.

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