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Letter to the Editor: “Lower mean phosphate independently predicts mortality in critically ill patients: Results from a prospective cohort study”

ARTICLE INFO

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With great interest, we read the recently published article by Lima, et al. who discuss that daily phosphate monitoring has depicted an independent association between a lower mean phosphate and in-hospital mortality, bringing the important and unprecedented information that phosphate fluctuations during intensive care unit (ICU) stay, independent of necessary supplementations, are a more reliable mortality predictor than the occurrence of hypophosphatemia alone [1]. The results also confirm the association of hypophosphatemia with ICU prognostic scores, and with an increased mortality rate, however, not as an independent predictor, reaffirming its role as a severity marker [1]. We beg to disagree. In a recent systematic review, Padelli et al. [2] did find the best studied and documented reports of cardiac and respiratory muscle contractility decrease, sometimes leading to acute cardiac and respiratory failure, cardiac rhythm troubles and cardiac arrest [3–6]. We are also surprised that the paper does not speak any words about the clear occurrence of cardiac arrest during severe hypophosphatemia. So in summary, hypophosphatemia is an independent predictor of mortality when it induces cardiac arrest for instance [3–6]. The clinician should be aware that one single episode of severe hypophosphatemia is enough to induce cardiac arrest and should supplement it without any delay to avoid extremely severe side effects like cardiac arrest.

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PMH designed the paper.
PMH, SB, EP participated in drafting and reviewing.
PMH, SB, EP read and approved the final version of the manuscript.

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Ethics approval and consent to participate

Not applicable.

Consent for publication

Not applicable.

Declaration of Competing Interest

The authors declare to have no competing interests.

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Abbreviations: ICU, intensive care unit.

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