

Presepsin in Early Laboratory Diagnostics and Monitoring of Sepsis in Pediatric Patients with Oncology Diseases

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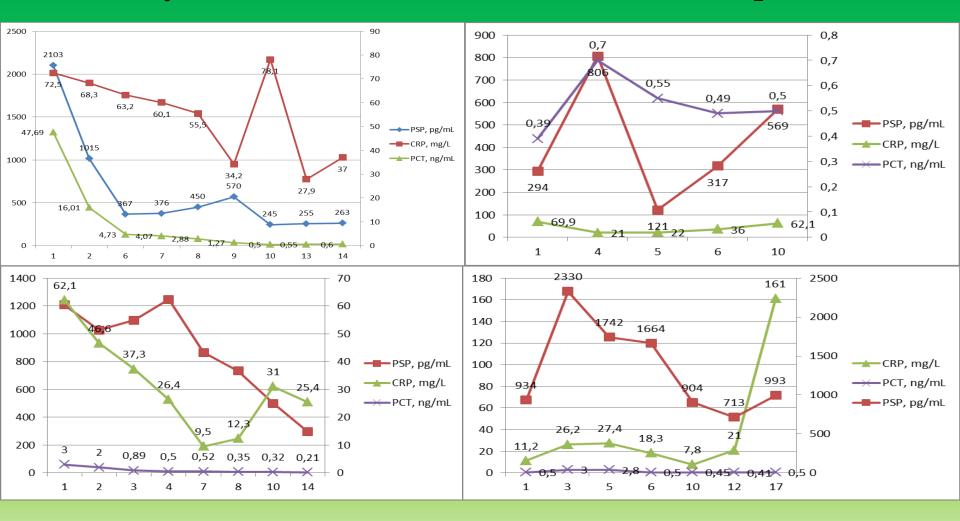
3rd international Presepsin workshop, Rome, September 17, 2016

·Aim:

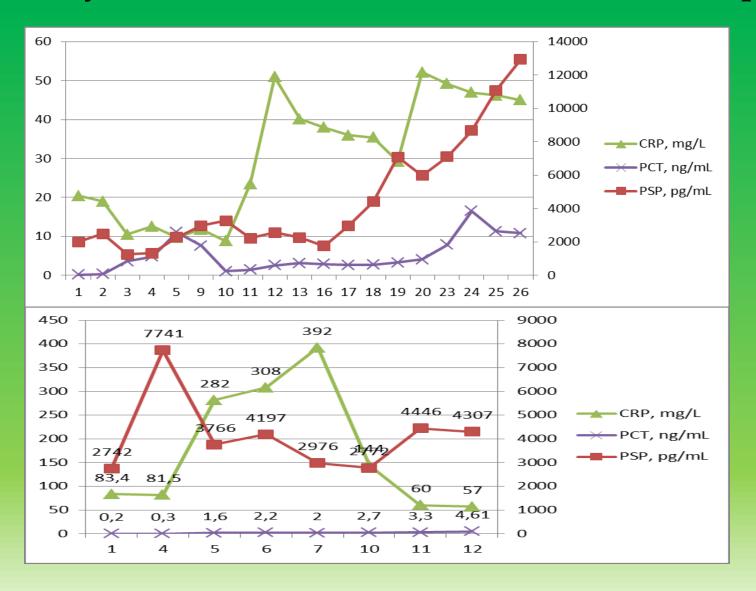
To evaluate diagnostic and prognostic potential of PSEP in pediatric cancer patients with endotoxemia, sepsis and septic shock

- 37 patients
- Age 1 17 years
- Different types of cancer
- · Positive hemocultures (bacteria, fungi)
- Measurements PSEP, PCT, CRP, WBC
- Survived n=30,
- Non survived n=7

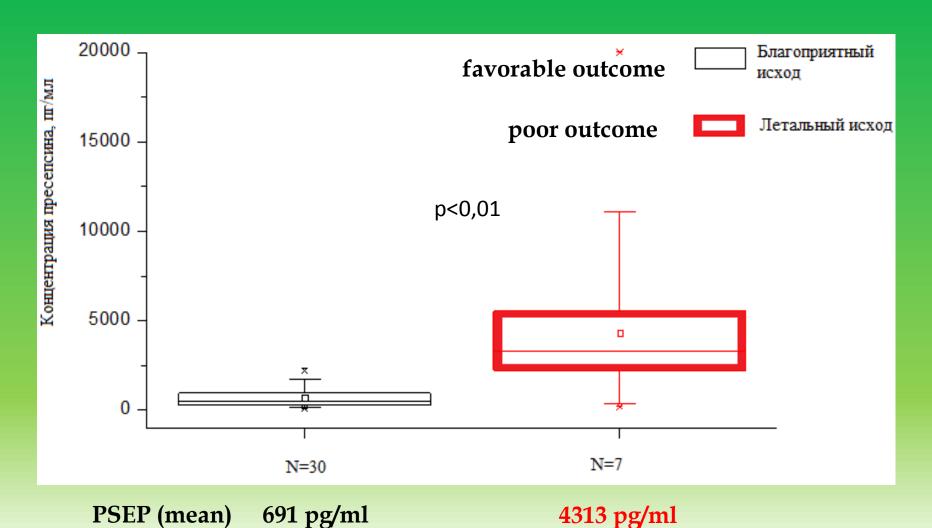
The Dynamics of PSEP, CRP, PCT in survived patients



The Dynamics of PSEP, CRP, PCT in non-survived patients

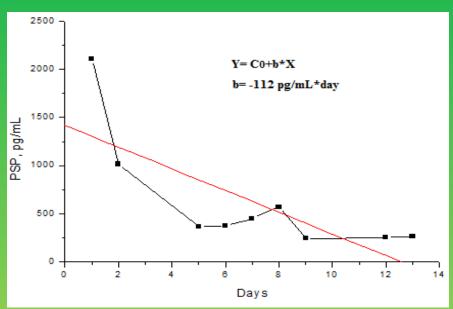


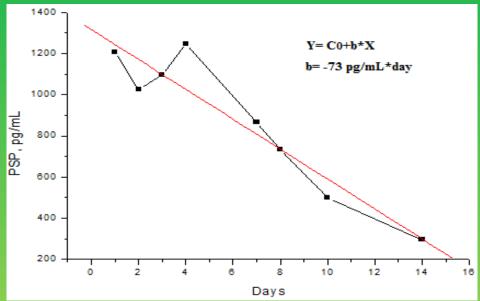
The Cut-off levels of PSEP for prediction of outcomes



The Dynamics of PSEP in Patients with favorable outcome of sepsis (linear approximation assessment).

b-coefficient (Delta) of PSEP changing - pg/ml/day





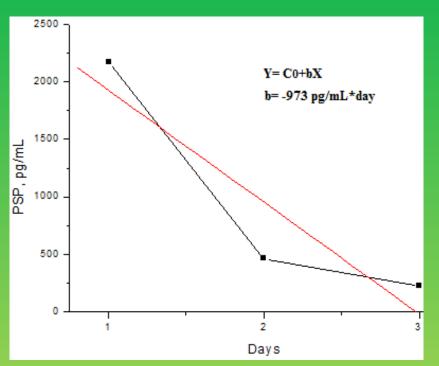
Patient K.
Ds.: Ewing's sarcoma of shin-bone.
Complications: severe sepsis, bilateral
pneumonia, multi-organ failure.

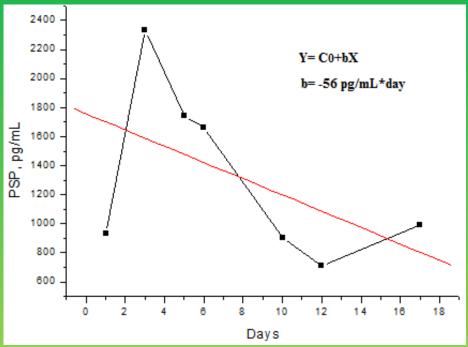
Patient S.

Ds.: Ewing's sarcoma of shin-bone.

Complications: infection of endoprosthesis.

The Dynamics of PSEP in Patients with favorable outcome of sepsis (linear approximation assessment). b -coefficient (Delta) of PSEP changing - pg/ml/day





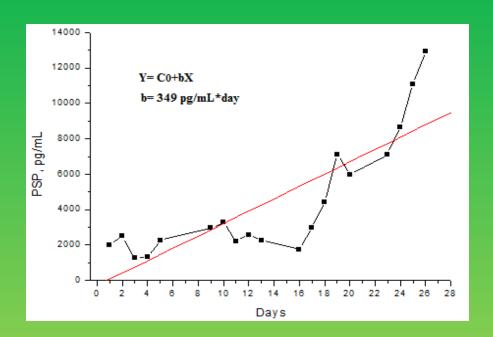
Patient B.

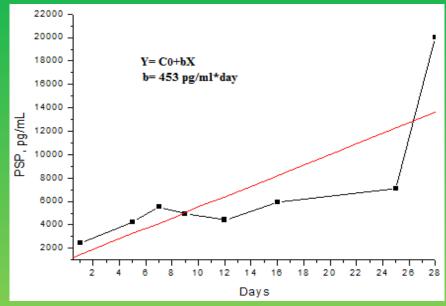
Ds.: Acute lymphoblastic leukemia

Complications: sepsis, septic shock

Patient M.
Ds.: Osteosarcoma of left thigh-bone.
Complications: sepsis.

The Dynamics of PSEP in Patients with poor outcome of sepsis (linear approximation assessment). b-coefficient (Delta) of PSEP changing - pg/ml/day





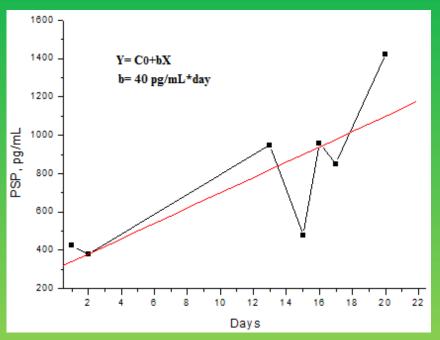
Patient K.
Ds.: Primitive Neuroectodermal Tumor of temporal.
Complications: sepsis, septic shock

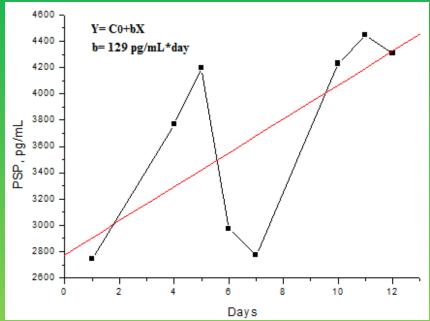
(S. haemoliticus, fungi); acute graft-versus-host disease.

Patient S.

Ds.: medulloblastoma of cerebellopontine angle. Complications: acute graft-versus-host disease, disseminated intravascular coagulation syndrome, multi-organ failure.

TheDynamics of PSEP in Patients with poor outcome of sepsis (linear approximation assessment). b-coefficient (Delta) of PSEP changing - pg/ml/day

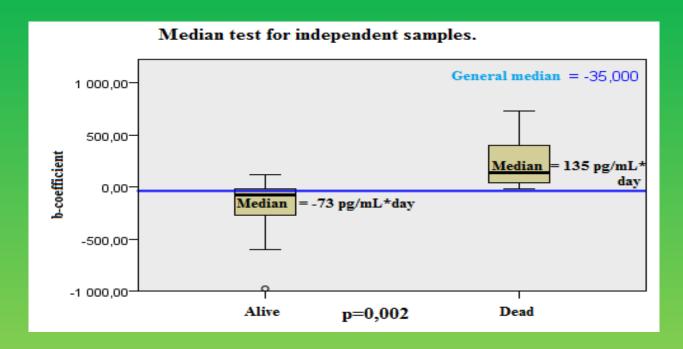




Patient N.
Ds.: medulloblastoma of fourth ventricle
Complications: agranulocytosis,
lung & brain haemorrhage, ARDS.

Patient L.
Ds.: Hodgkin disease
Complications: agranulocytosis,
sepsis, septic shock.

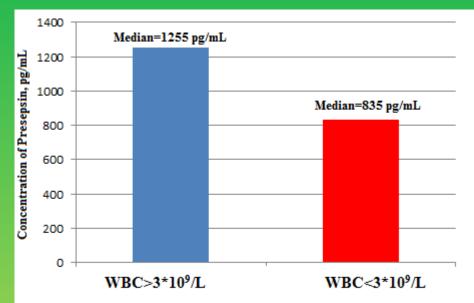
The values of Delta of PSEP changing predict outcomes (p=0,002)



Survived; n=22; Non-survived; n=8.

There was no significant association between outcomes and Delta of PCT (p=0,08) & CRP (p=0,432) changing.

The Diagnostic and Prognostic Values of PSEP in patients with Normal WBC count and with leucopenia are similar



Mann — Whitney U-test for independed samples: p=0,208. There is no statistacally significant differences in PSP levels between groups with normal WBC-count and patients with leucopenia.

19 pts with normal or elevated WBC-count;

24 pts with leucopenia WBC count

Min - 0.1×10^9 wbc/l;

Max - $7,01 \times 10^9$ wbc/l.

PSEP monitoring and Guidance of therapy. Preliminary recommendations.

PSEP measurements every 24 h

Poor prognosis and indication to change a therapy (antibiotics):

1. If basic PSEP < 1000 pg/ml

and delta > [basic PSEP x 0.4] during 2-3 days,

(improving of clinical characteristics; stopping of mechanical ventilation, lowering vasopressors, improving of hemodynamics etc must be taken into consideration

2. If basic PSEP > 1000 pg/ml

and delta > [basic PSEP x 0.2] during 3 days

Conclusions:

In pediatric patients with different types of cancer:

- PSEP is the most early and sensitive marker of sepsis in comparison with PCT & CRP
- Mean values of PSEP levels in survived and non-survived patients are significantly different and consist 691 pg/ml vs. 4313 pg/mL respectively (p<0,01)
- The values of PSEP are non dependent significantly on WBC count and could be used for diagnostics of infectious complications in pediatric patients with oncology disease and leukopenia.
- Negative or positive values of PSEP Delta (pg/ml/day) are associated with favorable or non-favorable course of sepsis and allow to make approximate prognosis of PSEP dynamics and probable patients outcome.
- Only values of PSEP Delta (pg/ml/day), but not of PCT and CRP are significantly different in survivors and non-survivors (p=0,002).



Thank you for attention