

Open Letter to the Editorial Staff of the Journal EC Anaesthesia

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Dear colleagues

Among the huge number of scientific publications in recent years devoted to inflammatory diseases, there is a desire of many authors to explore certain aspects of the problem and attempts to consider such results as a common way to solve it. It is the predominance of such partial directions in the study of the affected problem that the authors of the analyzed article consider as one of the main obstacles to its successful solution." We have been studying for decades how to improve results, but the reality that we must assume, is that we are stuck debating aspects..." [1]. Developing further this idea, the authors of the article draw the attention of readers to the strategic foundations of the problem of inflammatory processes, which require clarification and revision." In our opinion, we overlooked something as essential as focusing on the type of patients and their pathophysiology. Although we assume that this it's due immunomodulation mechanism, the truth is that we do not know exactly how or where we are interacting in the inflammatory cascade."

Unfortunately, such a promising beginning of this publication has not received, in my opinion, a logical continuation and appropriate recommendations. From my point of view, paying attention to the need for strategic changes in the study of the problem, the authors could not in their further arguments go beyond the revision of tactical(syndrome) approaches.

In order to make an independent and correct expert decision on the topic of research of interest to the authors, it seems to me necessary to maintain the connection of any study with the basic foundations of medical science. When constructing a logical chain of pathogenesis ("the inflammatory cascade") it is necessary to remember that similar signs and syndromes can occur in diseases not only of different localization and clinical manifestation, but, most importantly, with different pathogenetic mechanism of development. Therefore, the study of one of the links of pathogenesis in a heterogeneous group of patients with different nosology's is, from my point of view, one of the common mistakes in the study of the details of this phenomenon, since the importance of cause-and-effect relationships loses its important role. Interpretation of the results obtained in such heterogeneous groups can give the wrong conclusion.

The tradition of presenting various diseases in the medical literature does not accidentally begin with the description of their etiology and pathogenesis. In recent decades, the study of certain extreme conditions often includes patients with diametrically opposite mechanisms of development of such disorders. For example, a study of shock in various inflammatory processes may include patients with acute pneumonia. However, acute inflammation in the lung tissue is the only process of this kind in the small circle of blood circulation and has a completely different mechanism for the development of shock States [2-9]. If we do not take into account this important fundamental feature of this disease, the total results of studies in a mixed group of patients will lead us to distorted conclusions. The consequence of such findings may be undesirable therapeutic efforts [10].

I hope my comment will be understood correctly by both the authors and the editorial Board, and further research will be supported by excellent clinical trial results.

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