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Pericardial effusion in community-acquired pneumonia: Casualty or etiology?

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Keywords

pericardial effusion
community-acquired pneumonia

Abbreviations

CH: complicated hospitalization

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To Editor:

We share the main concerns expressed by Funda Sungur Biteker et al. in the study called "A small pericardial effusion is a marker of complicated hospitalization in patients with community-acquired pneumonia". We would like to congratulate the authors for the idea of carrying out this study. The main objective was to evaluate the frequency and prognostic of small pericardial effusion in patients hospitalized for community-acquired pneumonia. The authors found that the presence of a small pericardial effusion is associated with adverse events and increased mortality in various clinical conditions.

However, during the reading of this article certain questions and problems arose.

The researchers did not identify clinically valid associations that might exist due to a limited sample size. Therefore, it may be concluded that there are no statistical associations between variables due to sampling limitations. Additionally, they do not offer neither Nagelkerke's R square nor Cox and Snell's R square, so we do not know the percentage of the variance explained by the logistic model and therefore we do not know the relative weight that the pericardial effusion has when predicting complicated hospitalizations.

Many associations of the univariate model are not maintained in the multivariate model, so the results are not completely consistent, being possible the existence of methodological errors either in the selection of the sample or in the treatment of the information.

We also do not know who carried out the echocardiograms or how many members formed the team. We believe that it would have been appropriate to evaluate whether interobserver or intraobserver variability exists in order to find the reproducibility of the technique, especially in a group of patients where the performance of echocardiography due to its clinical conditions could be technically difficult.

At first, the effusion accumulates behind the heart, at the inferolateral or posterior level. When increasing, it can become circumferential. This process does not always occur because it depends on the characteristics of the effusion. There are no

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