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Letter

Comment on "Early enteral nutrition is associated with reduced in-hospital mortality from sepsis in patients with sarcopenia"

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Dear Editor,

In recent article, Koga et al. reported that early enteral nutrition (EEN) was independently associated with reduced in-hospital mortality in sarcopenic patients, but not in non-sarcopenic patients [1]. This study is very important as it is the first in literature investigating different effects of EEN in sarcopenic and non-sarcopenic patients with sepsis. However, we would like to mention some of our concerns regarding the methods used in this report.

Sarcopenia was first defined by Rosenberg in 1989 as age related loss of mucle mass in the elderly. The European Working Group on Sarcopenia in Older People (EWGSOP) was founded in 2009 to form a common consensus on the definiton of sarcopenia which is documentation of either low muscle strength or low physical performance in addition to documentation of low muscle mass. Documentation of low muscle mass solely by itself is not enough to define sarcopenia. Another point we would like to mention about the methods used in this valuable study is muscle mass measurement technique. Computed tomography (CT) analysis of muscle mass, magnetic resonance imaging, dual-energy X-ray absorptiometry and bioelectrical impedance analysis have all been validated and recommended by EWGSOP [2] but CT analysis of muscle mass must contain whole body scan of the muscle tissue. It would not be accurate to define sarcopenia based on measurement of the skeletal muscle mass area at the level of the third lumbar spine. And lastly, retrospective analysis of CT scans has potential to make measurements by several scanners which can be the cause of variations in body composition attenuation between individual scanners [3].

We believe that if these particular points about the definition of sarcopenia are taken into consideration, we would come up with more accurate results in further studies.

Conflict of interest

No conflict of interest.

Fund

None.

Author contributions

Dr. Melis Ketenci and Dr. Umut Safer drafted the letter, Dr. Mustafa Kaplan and Dr. Vildan Binay Safer made critical review of the article.

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Reply to the letter to the editor

We thank Ketenci et al. for their interest in our study and thoughtful comments [1].

They indicated that low muscle mass alone is not enough to define sarcopenia. We agree that muscle strength or physical performance should be assessed for the diagnosis of sarcopenia, as mentioned in our manuscript. However, it is often difficult to assess muscle strength or physical performance in septic patients on admission. For the assessment of physical performance, although some physical actions such as gait or stair climb are required [2], many of septic patients cannot act as usual because of their illness on admission. The assessment of muscle

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