



A Case of Multiple Thrombosis and Septic Shock in a Critically Ill Patient with Omicron Infection

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INTRODUCTION

Septic shock is the final and most severe stage of sepsis. Systemic inflammation can cause dangerously low blood pressure. People with septic shock need immediate medical attention. Treatment includes antibiotics, oxygen, and medication. Any infection can lead to sepsis, which, if exacerbated, can progress to septic shock. Not all infections lead to sepsis or septic shock. However, if the infection causes enough inflammation, it can progress to sepsis. The most common infections are bacteria, but both viruses and fungi can also cause infections and sepsis. Infections can start anywhere, but often in the lungs, bladder, or stomach. People with septic shock need immediate medical attention. Treatment is usually done in an Intensive Care Unit (ICU). Your doctor will immediately start giving you antibiotics. Fluids are also given intravenously to keep you hydrated and increase your blood pressure. Oxygen can be obtained through a face mask or a nostril cannula (a small plastic tube with her two openings in the nostrils). If you cannot breathe well on your own, a breathing tube may be inserted into your trachea (windpipe) to attach a respirator (artificial respirator). Additionally, surgery may be required to remove the source of infection. The abscess can be drained. Dead or infected tissue can be removed.

DESCRIPTION

Catheters, tubes, and medical devices may be removed or replaced. If drinking liquids does not raise blood pressure, doctors may prescribe drugs to raise blood pressure. Drugs such as vasopressin and norepinephrine constrict blood vessels, increasing blood flow to organs. If septic shock causes blood sugar levels to rise, insulin may be given. If fluids and drugs do

not raise blood pressure, corticosteroids may be given. Septic shock occurs when infectious organisms in the bloodstream elicit a profound inflammatory response that causes hemodynamic decompensation. Pathogenesis involves a complex response of cell activation that triggers the release of various proinflammatory mediators. This inflammatory response causes activation of leukocytes and endothelial cells and activation of the coagulation system. Another important recent advance in our understanding of the pathophysiology of septic shock has been the identification of the close relationship that exists between the proinflammatory response of septic shock and activation of the coagulation system. Although the systemic inflammatory response of sepsis induces profound macrocirculatory and microcirculatory changes that impair tissue perfusion, another important mechanism involved in the development of acute organ dysfunction in septic shock is apoptosis (programmed inflammatory response). Acceleration of apoptosis is the central pathogenic event of this disease. In addition, certain genetic polymorphisms have been recognized as major determinants of susceptibility to infection and risk of death from septic shock.

CONCLUSION

A randomized, prospective study shows that protocol-based treatment of early septic shock does not improve outcome. A more recent study was not identical to the original river study because survival rates were much higher, but this study suggests that usual treatment may already employ many of the principles of early targeted therapy. It just shows that there is a difference, so the difference is negligible. The issue is further complicated by the indoctrination of many aspects of early targeted therapy as quality metrics. In other words, if you do

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not follow them, you will be punished by hospitals and doctors. Although it is widely accepted that early detection and administration of antibiotics leads to increased survival, this is due to the risk of increased antibiotic resistance and the harm associated with administering antibiotics to patients who do not need them. You have to strike a balance. Early source control of infectious disease is also positively associated with outcome.

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CONFLICTS OF INTEREST

The authors declare no conflict of interest.