

Monocyte distribution width as a useful tool for sepsis identification



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Background

Early sepsis diagnosis in cancer patients, which are a population at higher risk of developing infection or sepsis, is challenging, despite the use of serum biomarkers. With that in mind, our aim was to evaluate the performance of monocyte distribution width (MDW), in these patients and compare MDW with other sepsis biomarkers, namely procalcitonin (PCT) and C-reactive protein (CRP) along with leucocytes (LEU#), monocytes (MO#) and interleukine-6 (IL6).

Methods

We prospectively enrolled all consecutive patients with blood cultures, evaluated the LEU#, MO# and MDW on a DXH900 (Beckman Coulter) and PCT, CRP, and IL6 from serum analysis. Two groups were defined, sepsis (isolation of at least one microorganism from positive blood cultures) and infection (isolation of microorganisms from other products). Mann-Whitney test was applied to compare the characteristics of the different parameters, and univariate and multivariate logistic regression, to examine the impact of each parameter on sepsis or infection. Receiver operating characteristic curve (ROC) analysis for predicting sepsis and infection (area under curve - AUC), and optimal cutoff values (Youden's index). Statistically significant differences were considered for p <0.05.

Results

In total, 215 patients were screened, and 157 patients with valid laboratory test results were included in the analysis: 83 men and 74 women, ages ranging between 41 and 87. MDW and PCT presented statistically significant results on the comparison of analytical characteristics between patients with sepsis (p<0.001). No parameter evaluated evidenced statistically significant results considering the infection group. Only MDW showed adequate logistic regression as an independent predictor of sepsis (p<0.001) and presented the highest AUC for sepsis (0.735), whereas PCT was 0.718. Sepsis cutoff value obtained for MDW was 26.435 presenting an NPV of 0.935. Regarding PCT the cutoff obtained was 4.35 ng/mL with an NPV of 0.956. The association of PCT with MDW did not increased MDW performance on predicting sepsis.

Comparison of analytical characteristics between patients with blood infection and $\,$ other infections (Median (range)) *** p < 0.001

	Total	Blood Infection			Other Infections			
	iotai	No	Yes	р	No	Yes	р	
N	157	132	25		112	45		
WBC (10^3/uL)	9.9 (0.3 - 43.4)	9.55 (0.30 - 43.40)	10.15 (1.70 - 31.8)	0.662	9,00 (0.3 - 43.4)	10.50 (1.6 - 38.3)	0.204	
MO#	0.70 (0.10 - 4.20)	0.75 (0.10 - 2.20)	0.55 (0.10 - 4.20)	0.254	0.60 (0.1 - 2.2)	0.8 (0.1 - 4.2)	0.682	
MDW	25.07 (17.39 - 52.18)	24.74 (17.39 - 52.18)	30.15 (19.43 - 38.41)	0.000***	24.95 (17.39 - 52.18)	26.32 (19.43 - 38.3)	0.274	
PCR	12.95 (0.12 - 43.20)	12.00 (0.12 - 43.20)	14.25 (0.44 - 30.2)	0.175	12.70 (0.12 - 40.50)	13,00 (0.44 - 43.20)	0.674	
PCT	0.56 (0.02 - 97.80)	0.46 (0.02 - 97.80)	2.15 (0.07 - 46.82)	0.000***	0.43 (0.05 - 97.80)	0.77 (0.02 - 46.82)	0.137	
IL6	91.2 (0.83 - 27185)	86.20 (0.83 - 27185)	168.25 (5.4 - 1107)	0.132	87.20 (0.83 - 27185)	92.80 (5.40 - 1107)	0.847	

Logistic regression for independent predictors of blood infection *** p < 0.001; ** p < 0.01, * p < 0.05, † p < 0.1

	Crude OR (95% CI)	Univariate p	Adjusted OR (95% CI)	Multivariate p
Gender (Male)	1.07 (0.58 - 1.97)	0.829	1.05 (0.28 - 3.96)	0.943
Age	1.02 (0.99 - 1.04)	0.217	1.01 (0.95 - 1.07)	0.837
CCI	0.86 (0.76 - 0.98)	0.024*	0.60 (0.44 - 0.82)	0.001**
CHF	3.29 (1.12 - 9.68)	0.030*	3.30 (0.14 - 76.31)	0.457
DM	2.17 (1.10 - 0.00)	0.025*	10.70 (2.11 - 54.15)	0.004**
qSOFA	0.71 (0.24 - 2.12)	0.537	0.05 (0.00 - 1.31)	0.073
WBC (x10^3/μL)	1.00 (0.97 - 1.05)	0.826	1.04 (0.93 - 1.17)	0.463
MO# (10^3/μL)	0.85 (0.51 - 1.41)	0.531	0.83 (0.23 - 2.95)	0.775
MDW	1.08 (1.03 - 1.14)	0.003**	1.26 (1.10 - 1.44)	0.001***
PCR < 0.3 mg/dL	1.02 (0.98 - 1.05)	0.359	0.93 (0.86 - 1.00)	0.052
[PCT] < 0.5 ng/mL	1.03 (1.00 - 1.06)	0.056†	1.17 (1.04 - 1.32)	0.011**
[IL6] < 7.0 pg/mL	1.00 (1.00 - 1.00)	0.810	1.00 (1.00 - 1.00)	0.990

Area Under Curve (AUC) univariate

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		AUC
	WBC	0.527
<u>ie</u>	MO#	0.429
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Bloodinfection	PCT	0.718
	IL6	0.594
	WBC	0.562
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Ē	PCR	0.512
Other infections	PCT	0.569
•	IL6	0,500

Comparison of demographic and clinical characteristics between patients with Blood cultures (Median (IQR))

		Total	Blood			
		TOTAL	Negative	Positive	P	
Gender	Female	115 (38.3)	95 (38.6)	20 (37)	0.829	
Geridei	Male	185 (61.7)	151 (61.4)	34 (63)		
Age, Median (IQR)	66 (57 - 74)	65 (56 - 74)	68 (59 - 77)	0.113	
	Unknown	1 (0.3)	1 (0.4)	0 (0)		
	Brain (Neurology)	5 (1.7)	4 (1.6)	1 (1.9)		
	Head and Neck	29 (9.7)	22 (8.9)	7 (13)	0.236	
	Breast	19 (6.3)	16 (6.5)	3 (5.6)		
	Vagina and uterus	16 (5.3)	14 (5.7)	2 (3.7)		
	Others (Gynecology)	6 (2)	5 (2)	1 (1.9)		
	Lung	33 (11)	31 (12.6)	2 (3.7)		
	Skin	17 (5.7)	14 (5.7)	3 (5.6)		
Cancer type	Stomach and esophagus	39 (13)	33 (13.4)	6 (11.1)		
	Colon and rectal	59 (19.7)	45 (18.3)	14 (25.9)		
	Liver, gallbladder and pancreas	20 (6.7)	17 (6.9)	3 (5.6)		
	Prostate, urethra and testicles	8 (2.7)	3 (1.2)	5 (9.3)		
	Kidneys and urothelium	11 (3.7)	10 (4.1)	1 (1.9)		
	Hematological	24 (8)	21 (8.5)	3 (5.6)		
	Soft tissue and bone	7 (2.3)	5 (2)	2 (3.7)		
	Thyroid and supra	6 (2)	5 (2)	1 (1.9)		

Spearman Correlation between analytical variables

	WBC (x10^3)	MO# (x10^3)	MDW	RCP	[PCT]	[IL6]
WBC (x10^3)	1					
MO# (10 ³)	0.641	1				
MDW	0.003	-0.091	1			
CRP < 0.3 mg/dL	0.313	0.188	0.290	1		
[PCT] < 0.5 ng/mL	0.261	0.007	0.435	0.577	1	
[IL6] < 7.0 pg/mL	0.178	0.054	0.570	0.380	0.447	1

Sensitivity, specificity, PPV, PNV of MDW and PCT in predicting positive/negative blood cultures.

		AUC
	WBC	0.527
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Conclusions

MDW alone had the best performance on detecting sepsis. We suggest the introduction of MDW as a systematic screening test, together with other sepsis biomarkers, in order to improve the accuracy of sepsis diagnosis regarding oncology patients.

