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1. **Trimethoprim-sulfamethoxazole decreased morbidity and mortality in HIV-1-infected** [Therapeutics] *ACP Journal Club*. v132(2):45, Mar-Apr, 2000.
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2. **1999 - Review: Polyclonal intravenous immunoglobulin reduced mortality in bacterial sepsis** [Therapeutics] *ACP Journal Club*. v131:70, Nov-Dec, 1999.
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3. **Budesonide increases mortality in patients with severe sepsis** [Therapeutics] *ACP Journal Club*. v130:35, Mar-April, 1999.

Click "Article Review" to view the full-text of the assessment.

ACP Journal Club

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Volume 131 Nov-Dec 1999 p 70

1999 - Review: Polyclonal intravenous immunoglobulin reduced mortality in bacterial sepsis [Therapeutics]

Sources of funding: Department for International Development, UK, and European Commission (Directorate General XII), Belgium.

For correspondence: Dr. M.A. Lansang, Clinical Epidemiology Unit, University of the Philippines Manila, College of Medicine, 547 P. Gil Street, Ermita, Manila, Philippines 1000. FAX 63-2-526-4265.

The citation for the article being critically assessed

[Abstract and Commentary for: Alejandria MM, Lansang MA, Dans LF, Mantaring JB. Intravenous immunoglobulin for treating sepsis and septic shock. Cochrane Review, latest version 22 Feb 2000. Cochrane Library. Oxford: Update Software.](#)

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Commentary

Both monoclonal (monoclonal antibodies [MAbs]) and polyclonal IVIGs, which are designed to inhibit microbial toxins or potentially harmful host inflammatory mediators, have been studied in patients with sepsis. Alejandria and colleagues concluded that polyclonal but not monoclonal IVIGs are effective in sepsis; however, this conclusion may not be correct.

First, 2 RCTs in the monoclonal IVIG group (which provided 20% of the 4800 patients in this meta-analysis) assessed interleukin-1-receptor antagonist, a recombinant protein that is different from IVIG (1, 2). Second, 2 large RCTs of 392 patients showing that polyclonal IVIG did not reduce mortality in surgical patients with severe infection were omitted (3, 4). Third, preliminary results from a large RCT of 653 patients showing that polyclonal IVIG did not reduce mortality in sepsis (5) were not considered. Finally, a recent meta-analysis of 20 studies assessing the effects of 6 mediator-specific anti-inflammatory agents in 8808 patients with sepsis showed reduced mortality (6). 8 of these studies assessed anti-tumor necrosis factor (TNF) MAbs in > 4000 patients. Although benefits were small and do not support clinical use, they do support the development and testing of mediator-specific agents, such as anti-TNF MAbs, in sepsis.

Polyclonal or monoclonal IVIGs may be useful in sepsis and septic shock, but neither has shown convincing benefit in RCTs. However, the heterogeneity of severely infected patients and their host-defense responses suggests that IVIGs may be effective only in specific, but not yet defined, patient subgroups.

The article review indicates what the original author's conclusions were and what at the clinical implications of these results are.