

Vasopressin versus norepinephrine as the first-line vasopressor in septic shock: A systematic review and meta-analysis

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Vasopressin versus norepinephrine in septic shock: A systematic review and meta-analysis
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Dear author(s),

Reviewers have submitted their critical appraisal of your paper. The reviewers' comments are appended below. Based on their comments and evaluation by the editorial board, your work was FOUND SUITABLE FOR PUBLICATION AFTER MINOR REVISION.

If you decide to revise the work, please itemize the reviewers' comments and provide a point-by-point response to every comment. An exemplary rebuttal letter can be found on at <http://www.jctres.com/en/author-guidelines/> under "Manuscript preparation." Also, please use the track changes function in the original document so that the reviewers can easily verify your responses.

Your revision is due by Apr 20, 2022.

To submit a revision, go to <https://www.editorialmanager.com/jctres/> and log in as an Author. You will see a menu item call Submission Needing Revision. You will find your submission record there.

Yours sincerely,

Michal Heger
Editor-in-Chief
Journal of Clinical and Translational Research

Reviewers' comments:

Reviewer #1: I comment the authors for a thorough and professional job in writing this manuscript. Overall this is a well written manuscript. The meta-analysis has been performed adequately and multiple publications were reviewed to collect the information

I do feel that this paper lacks novelty since there are quite a bit of publications that have looked at this data and have come to the same conclusion that nor-epinephrine does not improve mortality in septic shock compared to vasopressin. Nonetheless, I recommend this paper for publication since this will add to the collection of meta-analysis that further reinforces this conclusion. Also the outcome on RRT is a new finding

I recommend minor revisions for grammar

Line 9-12 " directly causing more than 40,000 per year " - wrong grammar

Line 26-27 "severe septic shock" - i recommend using the term septic shock not responding to fluid resuscitation

Reviewer #2: The manuscript is generally well-written and proper methodology is followed. However, some changes could be made to improve the review.

The authors are requested to add a paragraph with descriptions of the included studies before arriving at the quantitative analysis, so that readers can get a general sense of the included studies. Please also elaborate on the results of quality appraisal, sensitivity analysis and evaluation of heterogeneity and how it factors into the possible interpretation of the results. There are some minor errors in the manuscript which can be corrected with proof-reading. As an example, in the first paragraph of the introduction, there's a missing word in the third line: causing more than 40,000 ??? per year. The authors are requested to thoroughly proofread the manuscript.

Authors' response

Reviewer #1: I comment the authors for a thorough and professional job in writing this manuscript. Overall this is a well written manuscript. The meta-analysis has been performed adequately and multiple publications were reviewed to collect the information

I do feel that this paper lacks novelty since there are quite a bit of publications that have looked at this data and have come to the same conclusion that nor-epinephrine does not improve mortality in septic shock compared to vasopressin. Nonetheless, I recommend this paper for publication since this will add to the collection of meta-analysis that further reinforces this conclusion. Also the outcome on RRT is a new finding

I recommend minor revisions for grammar

Line 9-12 "directly causing more than 40,000 per year" - wrong grammar

The author's reply: Thank you for the comment. We have edited the section as follows “In 2015, it was estimated that there were more than 230,000 cases of septic shock in the United States and directly causing more than 40,000 deaths per year.[3]”

Line 26-27”severe septic shock” - I recommend using the term septic shock not responding to fluid resuscitation

The author’s reply: Thank you for the comment. The phrase is corrected as suggested by the reviewer. “Vasopressin is an endogenously released peptide hormone that has been used as an adjunct to catecholamines for patients with septic shock not responding to fluids.”

Reviewer #2: The manuscript is generally well-written, and proper methodology is followed. However, some changes could be made to improve the review.

The authors are requested to add a paragraph with descriptions of the included studies before arriving at the quantitative analysis, so that readers can get a general sense of the included studies. Please also elaborate on the results of quality appraisal, sensitivity analysis and evaluation of heterogeneity and how it factors into the possible interpretation of the results.

The author's reply: Thank you for the comment. The description of individual studies is included in the result section. Heterogeneity and limitations discussed in limitation section after discussion. Quality of included studies presented in table 1 and figure 1. Sensitivity analysis provided for mortality, length of stay and urine output results with supplementary details.

There are some minor errors in the manuscript which can be corrected with proof-reading. As an example, in the first paragraph of the introduction, there's a missing word in the third line: causing more than 40,000 ??? per year. The authors are requested to thoroughly proofread the manuscript.

The author's reply: Thank you for the comment. We have edited the section as follows “In 2015, it was estimated that there were more than 230,000 cases of septic shock in the United States and directly causing more than 40,000 deaths per year.[3]”

Some other corrections done as required during proof reads.

2nd Editorial decision
30-March-2022

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Vasopressin versus norepinephrine as the first-line vasopressor in septic shock: A systematic review and meta-analysis
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Dear authors,

I am pleased to inform you that your manuscript has been accepted for publication in the Journal of Clinical and Translational Research.

You will receive the proofs of your article shortly, which we kindly ask you to thoroughly review for any errors.

Thank you for submitting your work to JCTR.

Kindest regards,

Michal Heger
Editor-in-Chief
Journal of Clinical and Translational Research

Comments from the editors and reviewers: