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Response to Letter to Editor on the SONIC CENTRAL study - Central venous pressure in hospitalized patients: accuracy of physical examination and point-of-care ultrasonography of the jugular vein and inferior vena cava.

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Response

To the Editor:

We value the interest of the authors in our study and their thoughtful comments.¹ We would like to clarify an important point regarding our findings and conclusions. Our study does not suggest that central venous pressure (CVP) is a reliable predictor of fluid responsiveness. As we explicitly state in the discussion, the use of CVP as the gold standard is the most important limitation of our study. CVP alone should not be used to determine whether a patient will benefit from fluid administration.² Instead, our research focuses on the diagnostic characteristics of the bedside assessment tools to diagnose a high CVP as a diagnostic clue for conditions such as acute decompensated heart failure, tamponade, and central pulmonary embolism. Because the accurate diagnosis is an essential element in determining the appropriate treatment, the ultrasonographic measurement of the internal jugular vein height does have clinical usefulness in the management of hospitalized patients.

The inclusion of the 2004 Surviving Sepsis Guidelines was an oversight, and we appreciate this being pointed out. Although CVP no longer is recommended to guide fluid resuscitation in sepsis, its bedside assessment remains relevant in differentiating shock types and recognizing conditions where an elevated CVP provides critical diagnostic information.^{3,4}

We also appreciate the discussion on dynamic parameters for fluid responsiveness. As with any research, an inherent time gap exists between protocol development and study completion, during which clinical practice continues to evolve. Echocardiographic assessment of cardiac output indeed is an area of great interest to us, and we recognize its potential value in guiding fluid management. That being said, our findings remain relevant. Although the role of CVP in guiding resuscitation in patients with sepsis has diminished,

signs of an elevated CVP remain a valuable diagnostic finding in various clinical contexts—provided they are interpreted within the appropriate clinical context and with consideration of the pretest probability of the possible diagnosis.

We thank the authors for their engagement with our work and for contributing to the ongoing discussion on hemodynamic assessment.

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Financial/Nonfinancial Disclosures

See earlier cited article for author conflicts of interest.

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