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Title: Overt disseminated intravascular coagulation in severe sepsis associated with specific organ dysfunction and poor survival

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Body: BACKGROUND In sepsis, abnormal coagulation cascade cause disseminated intravascular coagulation (DIC). Little is known about the clinical characteristics in overt DIC in severe sepsis. OBJECTIVES To investigate the clinical features and dysfunction of different organ systems in overt DIC in severe sepsis METHODS This prospective observational study was conducted in the medical intensive care unit in a tertiary medical center in Taiwan. Adult patients admitted for severe sepsis would be enrolled. Patients with cirrhosis or advanced malignancies would be excluded. Baseline patient profiles were obtained, including APACHE II and SOFA scores. Overt DIC was defined according to the scoring system from the International Society on Thrombosis and Haemostasis. RESULTS From Oct 2009 to Dec 2011, 248 consecutive patients admitted for severe sepsis were screened for the eligibility, and a total of 100 patients were enrolled. The APACHE II and SOFA scores were 25.9 ± 0.8 and 9.9 ± 0.4 , respectively. Only 8 patients (8%) had overt DIC. The 28-day mortality was higher in patients with overt DIC than in those without (62.5% vs. 20.7%, $P=0.001$). Patients with overt DIC had higher SOFA scores than those without (14.1 ± 0.8 vs. 9.5 ± 0.4 , $P=0.001$). Higher hepatic ($P=0.003$), cardiovascular ($P=0.031$) and coagulation ($P<0.001$) SOFA sub-scores were found in patients with overt DIC, while the respiration, central nervous system, and renal subscores were not significantly different compared to those without overt DIC. CONCLUSIONS In our patients with severe sepsis, overt DIC is uncommon, and is associated with organ dysfunction mainly involving hepatic, cardiovascular, and coagulation systems.