



TREM-1 expression during major abdominal surgery: Comment on the Gonzalez-Roldan *et al* paper

Sebastien Gibot

Sebastien Gibot, Service de Réanimation Médicale, Hôpital Central, and Laboratoire de Physiologie Expérimentale (Groupe Choc), Faculté de Médecine, Nancy, France
Correspondence to: Dr Sebastien Gibot, Service de Réanimation Médicale, 29 bld du Maréchal de Lattre de Tassigny, Hôpital Central, Nancy 54035, France. s.gibot@chu-nancy.fr
Telephone: +33-3-83852970 Fax: +33-3-83858511
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TO THE EDITOR

I read with a great interest the paper by Gonzalez-Roldan *et al*^[1]. The authors reported on the pattern expression of TREM-1 during sepsis and major abdominal surgery as compared to healthy controls and concluded that TREM-1 expression increased on the surface of monocytes after surgery. Several points deserve consideration. First, no data related to TREM-1 expression on neutrophils is provided. Second, of the 7 surgical patients, only 4 had both pre- and post-surgery cytometry analysis. Among these 4 patients, 2 displayed a decrease of TREM-1 expression after surgery. Therefore, it seems quite hazardous, based on these data, to conclude that TREM-1 increases after major

uncomplicated surgery, reflecting a systemic inflammatory response.

The other question that arose from this study is related to the determination of the TREM-1 splice variant (svTREM-1). First, it is still unknown whether this variant is translated or not^[2]. Anyway, the soluble form of TREM-1 is not believed to be related to this variant^[3]. The authors observed an increase of the svTREM-1 mRNA after surgery or during sepsis. By using the described primers, one could also expect to see a PCR product corresponding to the natural form of TREM-1^[3]. Unfortunately, such a product is not reported. Finally, it is rather disappointing not to see any measurement of plasma sTREM-1 in these patients in order to better characterise the “inflammatory” patients and the septic ones^[4].

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