

## Reply from Author: Putting the Wedge under Pressure

### Dear Editor,

We thank the authors for their interest in our study and their insightful comments. We agree that filling pressures such as the central venous pressure and pulmonary artery wedge pressures are inaccurate in predicting cardiac output or fluid responsiveness.<sup>1</sup> The precise evaluation of volume status in a critically ill patient remains an enormous challenge to the intensivist despite the advances made in the use of stroke volume variation. The issue is complicated in patients with septic shock in particular because both vascular tone and cardiac contractility are affected.<sup>2</sup> The Esophageal Doppler as a tool for haemodynamic assessment is limited in this respect. Indeed, newer devices are emerging and these include the pulse contour analysis, which is not affected by vascular tone.<sup>3-6</sup> Evaluating these new tools will continue to be a challenge for the investigators because of the imperfection of reference standards. Dynamic measurements especially algorithms involving fluid trials are likely to be more accurate than static, point figures. Natural selection will weed out the inaccurate, invasive tools from the more precise, less invasive devices. The place of Esophageal Doppler in this scheme of things remains to be determined.

### REFERENCES

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