

# Review of: "Fluids, Vasopressors and Inotropes to Restore Heart-Vessels Coupling in Sepsis: Treatment Options and Perspectives"

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Potential competing interests: No potential competing interests to declare.

To the respected authors,

I would like to thank you for doing this valuable work, and also, I really appreciate your efforts on clinical research in sepsis. Your point of view was very interesting; however, I just wrote my comments on what I guess can be reviewed below.

Introduction - Line 18 - At the moment of the presentation ... and early antibiotic therapy... - here we would consider "source control (virus, fungus, bacteria , ...)"

In case 1: Noradrenaline (NE) dose unit: "mcg/kg/min"

Table 1: Item PCR is a misspelling of CRP, and "TrT hs" should be written "hs-cTnT" according to the table caption.

Discussion - second paragraph - Maybe you could also refer to the FEAST trial. And we could also consider the question of "to give or not to give a fluid bolus?"

Page 8 - first line, there is a misspelling of trials. (Trails - Trials)

Page 9 - Third line, lung fluid overload may be a "late" sign! Using lung US for detection of "lung fluid overload" could not be really helpful. Waiting for overload to be detectable by US may not be a logical approach!

Page 10 - First line - "increased loses"?!

Page 12 - paragraph "The use of inotropes: the role of dobutamine" - line 8 - Would be good if you had a "figure" about this... ! And a good review article exists also to be useful: The Spectrum of Cardiovascular Effects of Dobutamine - From Healthy Subjects to Septic Shock Patients. DOI: 10.5935/0103-507X.20170068