

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.

Minor Revisions

1. The manuscript should be revised by a native English speaker.
2. I would suggest a more formal register (there are some colloquial expressions).
3. Check for typos.
4. I advise consistency: for example, choose to use the acronym ED or ER, and before using them for the first time, please spell them out.

Major Revisions

1. Some paragraphs need references, for example:
 1. Promising results obtained in experimental conditions were never replicated in human beings.
 2. Vasopressin and its analogues are considered second-line vasopressors, as recent evidence suggests no benefit with their early administration. In the presence of refractory hypotension, NE can be increased up to doses ≥ 1 $\mu\text{g/kg/min}$, but the current suggestion is to combine NE with other vasopressors such as vasopressin, with the intent of achieving the MAP target without using very high dosages of NE.
 3. A recent subgroup analysis of a big-data, real-world study showed that, compared to dobutamine, milrinone did not decrease in-hospital mortality, but it increased the use of renal replacement therapy and the hospital length of stay.
2. What do you mean by "intensity of NE"?
3. I advise avoiding mixing topics in the paragraphs. For example, in the paragraph "the role of vasopressin," you write about NE, and in the paragraph "The use of inotropes: the role of medications independent of the adrenergic system," you write about dobutamine.
4. I would explain in detail the effects of different septic sources on fluid management with references; in the manuscript, it is only touched upon.