

Response from Salva Shariq, et al. (J Pak Med Assoc. 2024; 74: 602)

The potential of methylene blue in treating septic shock: is it worth a shot?

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We appreciate the thoughtful engagement with our letter discussing the potential of methylene blue (MB) in treating septic shock. It is crucial to address the concerns raised regarding the evidence supporting the use of MB in this context. As rightly pointed out, the cornerstone of septic shock management involves early administration of appropriate antibiotics and fluid resuscitation, which we emphasized in our original letter. These interventions remain fundamental and should be promptly initiated in clinical practice.

Regarding the evidence supporting the use of MB, we acknowledge the limitations of the studies cited in our letter. The study by Ismael et al. indeed had a small sample size, and the study by Luis-Silva et al. was a single-center protocol. These limitations are important to consider when interpreting the findings and drawing conclusions about the efficacy of MB.

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However, it is essential to note that our original letter explicitly stated the need for more research to compare the efficacy of MB in different types of shock states and patient subgroups, as well as to assess its short-term and long-term benefits and possible side effects. Therefore, the call for additional research to inform clinical practice was already inherent in our discussion.

While the commenters raise valid points about the limitations of the current evidence, the promising results observed in reducing vasopressor time with MB administration cannot be overlooked. Despite the challenges and skepticism, the potential benefits of MB in improving outcomes for patients with septic shock warrant further investigation in well-designed clinical trials.

In conclusion, we firmly believe that MB deserves a shot in carefully conducted clinical trials to fully evaluate its potential in improving outcomes for patients with septic shock. Our original letter emphasized the need for additional research to inform clinical practice, and we stand by the assertion that MB holds promise as a potential therapeutic intervention in septic shock. Thank you for the insightful comments, which contribute to the ongoing discourse on this important topic.