

Sepsis Mimics

DIFFERENTIATING IMPERSONATORS

- Sepsis exists in a continuum of uncontrolled inflammatory response
- Many other conditions that also present with systemic inflammation can mimic sepsis, some of which are presented here
- Differentiation with good history, physical exam, and workup is important to determining proper treatment beyond initial resuscitation



	SEPSIS	CHRONIC LIVER FAILURE	CYTOKINE RELEASE SYNDROME	PANCREATITIS	ANAPHYLAXIS	DKA	ADRENAL CRISIS
Fever	++	-	++	+	+ or -	-	+
Hypotension	++	++	+++	+	++	+	++
Tachypnea	++	+ or -	++	+	++	+++	+ or -
Altered Mental Status	+ or -	+ or -	+ or -	-	+ or -	++	+
Source	Infection	Recurrent and chronic damage to the liver	Days after CAR-T cell therapy and BMT	Pancreatic inflammation	Exposure to allergens; immunologic or idiopathic triggers	Inadequate insulin therapy; increased insulin demand	Loss of adrenal function (primary, secondary, or tertiary)
Workup	Cultures, CBC, inflammatory markers	LFTs	Timeline compatible with timing of CAR-T administration and infection ruled out	Lipase	Clinical diagnosis; tryptase and histamine may be elevated	Glucose, blood gas, urinalysis, electrolytes	Cortisol
Treatment	Antibiotics, fluids, vasopressors, source control	Underlying cause for liver failure and symptoms	Fluids, vasopressors, steroids	Supportive care	Remove inciting cause, supportive care, epinephrine	Insulin, fluids, electrolyte replacement	Stress dose steroids