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Short Communication

Death Triangle Machinery has Three Phases of Action

Bahram Alamdary Badlou*

BBAdvies and Research, Zeist, The Netherlands

***Corresponding Author:** Bahram Alamdary Badlou, BBAdvies and Research, Zeist, The Netherlands.

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Death triangle machinery (DTM) activation cause significant increase in mortality and morbidity risks, however [1-4] The mechanism of action is rather invented than facts-based theories, and real standard means to prevent DTM do not approved yet. There are so much key factors missing at Nano- and Microenvironment signaling that a real mechanism, which might work for everybody do not exist as well.

The leading key players in increasing of the in-hospital-death and overall-death rate are devastating mixed-ups of the (un-) known correlation between blood cells and microorganisms involved in the hematooncologic and cancerogenous asymmetrical progression [3] Different data is showing that overall mortality is increasing to 35-40% in the different patients, who develop severe sepsis.

Despite the availability and use of advanced clinical imaging and laboratory tests, the rapid diagnosis and early management of for example peritonitis remains a challenge for physicians in emergency medicine, surgery, and critical cares of the (para-)Medici.

There are different stages in progression of hematooncological –cancerogenous diseases consist of 1. Induction and initiation phase 2. Hibernation phase 3. Propagation phase 4. Termination phase. The initial stage of the response depends on an influx of phagocytes (macrophages), and the production of pro-inflammatory cytokines (Cellular Immune responses) including tumor necrosis factor α, interleukin 1, and interleukin 6 [3] However, neutrophils collaborate strictly with platelets, their expression depends on each other's signaling at cell-cell and protein-protein level, once main cause of sepsis is bacterial contamination. Moreover, bacterial destruction releases lipopolysaccharide and other cellular components that further stimulate the host pro-inflammatory response so-called Cascaded catastrophic effects. Besides, the degree of perforation or extent of contamination is unclear in secondary peritonitis, where diagnostic laparoscopy is an option (3) but not golden standard, with all due respect paradoxically.

Mesri M., *et al*. 2018 investigation showed an induction phase could be propagate rapidly toward termination phase. Different study groups have shown that the main cause of surgical blunder leading to death were at first peritonitis due to intestinal perforation, and at second propagation phase thromboembolism was formed in patients, who underwent bariatric surgery in obese patients [2-5]. Although, so much hematooncological pathways are stationary not clarified and still remain unclear because of limiting Research and Development (R&D) budgets of the strong R&D groups like ours. In one hand, one wishes quick solution and alternatives, in the other hand limit the budget of appropriate R&D groups with appropriate ideas and results.

Taken together, we are missing some links that could help us offer the best medical consultative services in the 21th Century and I am feeling guilty about that as CEO of my R&D team have no enough Funds to undo aforementioned problems.

My take home message is to the regulatory organs and (non-) Governmental organization who have enough assets and funds to support the R&D groups that do not support groups who are showing the same unsuccessful results as ten years ago. Please support study and R&D groups who have innovative idea which is based on their last ten years succeeded results.

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Volume 3 Issue 5 May 2019