Reply to: "Is antibiotic exposure associated with an increased risk of developing necrotizing enterocolitis and bronchopulmonary dysplasia in very low birth weight infants?"

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DEAR EDITOR,

We thank Dr. Peng-Hui Wang for the valuable comments[1] and questions on our study named "Increased antibiotic exposure in early life is associated with adverse outcomes in very low birth weight infants" published in *Journal of the Chinese Medical Association* in June 2022.[2] The author comments are discussed below.

For the first query, the exposure of antibiotics was the focus of our study, while the use of probiotics was an additional finding. The main purpose of this part of analysis was to see whether there were demographical differences between infants receiving longer duration of antibiotics and those receiving shorter duration of antibiotics treatment. However, there was no standard definition of "short antibiotic treatment" or "prolonged antibiotic treatment." Therefore, they were intended to be divided into two groups equal in case numbers (i.e., according to the median days of antibiotic exposure, which was eight). There were 14 infants received 8 days of antibiotics, they were grouped into the "shorter duration of antibiotic use" group so that the two groups could be more equal in case numbers.

Regarding the second query, the selection of the adjusting variables was based on the previous studies that showed significantly to be associated with NEC or BPD. Gestational age, birth weight, and Apgar score at the fifth minute were not included in the models because they were included in the SNAPPE-II, which might cause collinearity in the analyses.

We hope these explanations will suffice the readers' and the authors' expectations. Thanks for your kind comments again.

REFERENCES

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Conflicts of interest: The authors declare that they have no conflicts of interest related to the subject matter or materials discussed in this article.

Journal of Chinese Medical Association. (2022) 85: 1162.

Received October 4, 2022; accepted October 5, 2022.

doi: 10.1097/JCMA.0000000000000828.