



Reply to: “Antibiotics use and worse outcome: A possibility of mis-interpretation”

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DEAR EDITOR,

We thank Dr. Szu-Ting Yang for the valuable comments¹ 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 later.

First, the patients included into the analyses all received empiric treatment, since those with microbiologically confirmed infection were excluded. Therefore, the selection of antibiotics was based on patients’ clinical conditions (i.e., ampicillin and cefotaxime for those less severe, and teicoplanin and meropenem for ill-appearing infants). We were aware that the differences in the antibiotics may have an impact on the outcomes. For example, based on our hypothesis, the broader spectrum the antibiotics have, the more likely they alter the microbiota and hence the outcomes. However, we found it difficult to separate the different antibiotics orderly into the

analyses. For example, it was not always the combinations of teicoplanin and meropenem. Sometimes teicoplanin was changed to vancomycin to pursue higher central nervous system concentration. We had recorded all the antibiotic treatment of all the patients, including the type and length of each antibiotic. But given the small size of our study cohort, we found it difficult to analyze the data properly. Perhaps in the future with larger cohort size, we will be able to analyze the impacts of different kinds of antibiotics.

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

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