

ANSWERING REVIEWERS

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Retrospective Study

C-reactive protein and radiographic findings of lower respiratory tract infection in infants

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Dear Editor,

Thank you for your thorough review of our manuscript and for the comments.

We have reviewed each comment and suggested amendments and our responses are outlined below.

Reviewer 1:

Comment: It is good enough for publication

Response: No response required

Reviewer 2:

Comment: Use of abbreviations in the abstract and full text without giving the complete phrases. Using "white cell count" for the first time in the "Materials and Methods" section without providing an abbreviation.

Response: Manuscript reviewed and amended to ensure that initial clarification of an abbreviation is provided in the abstract and main text. Abbreviation then used exclusively in the following text. Single use abbreviation "ALL" removed. Abbreviation "ESR" left in situ as per publication guidelines on commonly used abbreviations.

Editor-in-chief:

Comment: One question I have is whether this method applies to patients with reduced immunity (e.g. children being treated for cancer, HIV positive children, etc.). It may be worth pointing this out in the discussion.

Response: I have amended the article as follows to reflect the editor-in-chief's review report with the changes highlighted.

"Although CRP elevation is a useful biomarker for infection in the immunocompromised patient, we did not attempt to identify and separate individuals who might be particularly at risk of complications from a respiratory tract infection (such as those with immunodeficiency) and we cannot confidently state that our findings apply to children with a known history of immunodeficiency or malignancy".