



**Direktor: Prof. Dr. S. Zeuzem**

Prof. Ze-Mao Gong  
Prof. Dr. Garcia-Olmo,  
Prof. Dr. Strom  
Prof. Dr. Tarnawski  
Editors-in-Chief  
World Journal of Gastroenterology

*Prof. Dr. J. Bojunga*  
Tel.: 069/6301-87686  
Fax: 069/6301-87676

Dear Professor Gong, dear Prof. Garcia-Olmo, dear Prof. Strom, dear Prof. Tarnawski,

Zeichen:  
Datum: 29.02.16

Thank you for the invitation to submit our manuscript (*invitation ID 00050429*) entitled "Influence of antibiotic regimens on ICU-mortality and liver cirrhosis as risk factor" for publication in *World Journal of Gastroenterology*.

**Direktion**  
Sekretariat: 069/6301-4544  
Privatambulanz: -6899  
Fax: -6448

**Zentrale Aufnahme – HOTLINE**  
(ausschließlich für Ärztinnen und Ärzte)  
Tel.: 069/6301-3904 od. 3905  
Fax.: 069/6301-4200

Thank you very much for the detailed review of our manuscript and for giving us the opportunity for revision. We have specifically addressed all issues and concerns outlined by the reviewers in a detailed POINT-BY-POINT revision and made the appropriate changes in the manuscript. Mireen Friedrich-Rust is a native English speaker since she lived in Hongkong and Singapore during her childhood and adolescence and went to an international school. Therefore no English certificate is attached. We do not have the possibility to make an audio core tip. Maybe the editorial office can read out and record the text for us. Cross Check report is not available at our institution

**Station 11-1**  
Tel.: 069/6301-5012  
Fax: 069/6301-6007

**Station 11-2**  
Tel.: 069/6301-5270  
Fax: 069/6301-6749

**Station B8**  
Tel.: 069/6301-7475  
Fax: 069/6301-6748

**Station B3: Intensiv - ICU**  
Tel.: 069/6301-7492  
Fax: 069/6301-6915

We would be grateful for consideration of the present manuscript to be published in *World Journal of Gastroenterology*.

**Spezialambulanzen**  
**Gastroenterologie- Hepatologie**  
Tel.: 069/6301-5441 od. 7809  
Fax.: 069/6301-7412

**Pneumologie - Allergologie**  
Tel.: 069/6301-7329  
Fax: 069/6301-6392

Sincerely yours,

**Endokrinologie- Diabetologie**  
Tel.: 069/6301-5293  
Fax: 069/6301-7817

Prof. Dr. M. Friedrich-Rust, Prof. Dr. J. Bojunga

**Ernährungsmedizin**  
Tel.: 069/6301-5055  
Fax: 069/6301-6288

**Endoskopie**  
Tel.: 069/6301-5357  
Fax: 069/6301-6247

**Bereichslabor der Med. Klinik I**  
Tel.: 069/6301-5893  
Fax: 069/6301-7714

## **Point-to-point Revision**

Reviewer #1 This research may be meaningful for the researchers and ICU doctors

Reviewer#2 The paper presents the influence of antibiotic-regimens on ICU-mortality. It underlines the successful implementation of early-goal-directed therapy in patients treated in ICU. The topic is interesting, especially considering the rate of mortality in these patients and financial burden.

1. The Authors should explain why they focused on subgroups patients with liver cirrhosis. However, in patients with diabetes mellitus or pulmonary diseases that acquire infection the mortality rate also increases. This raises the question: why did patients with liver cirrhosis constitute a group of special interest?

Thank you for this important point. Since our hospital has a large hepatology unit including liver transplantation our special interest was focused on hepatological patients. This special interest was defined in the study protocol prior to data analysis and was approved by the local ethical committee. This information was included in the revised manuscript (s. page 4, para 2 and 3 of the revised manuscript).

2. In the section Characteristics and Infection (if not be better Characteristics of Infection) Gram-positive and Gram-negative isolates should be listed.

The section was changed to “characteristics of infection” as recommended.

Gram-positive and gram-negative isolates were listed in the text and in detail in table 2 of the revised manuscript (s. page 7, para 3 and table 2 of the revised manuscript).

3. It would be more readable to place data concerning the mortality in a table.

As requested data concerning mortality was placed in table format (s. table 4 and 5 and mortality section on page 8 and 9 of the revised manuscript).

4. What does the term “chronic liver disease” include. It is not clear whether the patients with viral infection of liver are included in this group or, it is a separate group. It requires an explanation. Does this group include the subjects with toxic (alcoholic) or autoimmune liver damage?

Chronic liver-disease was known in 272 patients. From these 272 patients with chronic liver disease, chronic viral hepatitis infection was present in 150 patients (55%), of whom 101 were infected with chronic hepatitis-C and 49 with chronic hepatitis-B. Only chronic liver disease not toxic acute liver disease was assessed here. Only one patient had chronic alcoholic and one patient autoimmune liver disease. This information was further clarified in the revised manuscript (s. page 9, para 2 of the revised manuscript).

5. Were the patients with bacterial spontaneous peritonitis present among patients with liver cirrhosis? If yes, this group requires the separate analysis due to the characteristics of the disease.

Patients with spontaneous bacterial peritonitis were not included in the analysis. This information was added in the revised manuscript (s. page 9, para 2 of the revised manuscript).

**Reviewer #3.** The current paper is interesting, because is about a topic usually far from general Hepatologists.

**Reviewer #4.** This is an interesting case presentation.