

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Critical Care Medicine

**ESPS manuscript NO:** 29553

**Title:** Attributable cost of a nosocomial infection in the intensive care unit: A prospective cohort study

**Reviewer's code:** 00214274

**Reviewer's country:** France

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2016-08-22 10:57

**Date reviewed:** 2016-09-01 18:03

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

This is an interesting article on hospital-acquired infections (nosocomial infections) in a 24-bed Indian Medical Intensive Care Unit. Extra-cost, mortality, increase in Intensive Care length of Stay, related to nosocomial infection are the main data analyzed. Data are clearly outlined and, as expected, different from data coming from developed countries. General comments: I do believe that this work could be improved with a more strict approach and a modification of the conclusion section. In fact, in this section, you discuss mainly the impact of nosocomial infection on limited resources of developing countries. Therefore, you need to introduce this important data in your method section (or to re-write the discussion section). Specific comments: Methods section. You stated: "adult patients were enrolled if the stayed beyond 24-H in the ICU." As you know: Infections which occur more than 48 Hours after admission are considered nosocomial. Therefore, it seems obvious that in such a study patients should stay at least 48 hours in ICU. Results section. Details on the excluded patients should be added in this text. All the readers are not expected to have easy access to medical literature and a simple table can summarize the number of excluded patients and reasons for exclusion.



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Infection data section. If infection data was available in 496 patients, the three other should be exclude. This will not modified significantly your results, but you cannot introduce in a study patients with major data missing. As far as I understand correctly your text, all the patients ventilated had invasive ventilation with a tracheal tube. It would be interesting to know how many patients had a central venous line (risk factor for blood stream infection) and how many had a bladder catheter (risk factor for urinary tract infection). It is interesting to learn that, in your experience, nosocomial infection do not increase mortality incidence, and do not increase cost per day (when length of stay double in infected patients, cost double also). Extra cost due to infection and increase in mortality incidence are observed in developed countries,. As you stated in the introduction, it is "admitted" by the medical community that nosocomial infections are associated with poor survival, while in fact your results suggest that "treatment of nosocomial infections did not steal opportunities away from other potentially treatable patients waiting for an ICU bed." I think that these to facts should be highlighted and discussed. In summary: Your results are surprising when compared to results obtained in developed countries, and suggest, once more, that there is no universal truth.

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**Name of journal:** World Journal of Critical Care Medicine

**ESPS manuscript NO:** 29553

**Title:** Attributable cost of a nosocomial infection in the intensive care unit: A prospective cohort study

**Reviewer's code:** 02446524

**Reviewer's country:** India

**Science editor:** Fang-Fang Ji

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input checked="" type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

I am not clear about the statistical validations. The work is novel and good.