

World Journal of Critical Care Medicine
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"Adding vortexing to the Maki technique provides no benefit for the diagnosis of catheter colonization or catheter-related bacteremia"

Response to Editors comments:

Thank you very much for offering to reconsider a revised version of our manuscript. Thank you for comments from reviewers which have helped us to improve our manuscript. The points that we have modified in the manuscript are written in red. We enclosed the answer to reviewers, and the new version of the manuscript.

Response to Reviewer #1 comments:

The novel finding of this study was that the combined use of vortexing and Maki techniques did not provide profitability to the Maki technique alone for the diagnosis of CTC and CRBSI. But the number of examples and the results cannot infer this conclusion well.

In respect to this comment of the Reviewer, we have added the following limitation of our study: "Another limitation of our study was the relatively low number of patients; however, our study showed that to add vortexing technique to Maki technique for the diagnosis of CTC or CRBSI do not apport any benefit due to none of them were detected only by vortexing technique and there were no differences in the area under the curve when vortexing technique was added to Maki technique."