

**Reply to reviewers comments for the manuscript, “STENOTROPHOMONAS  
MALTOPHILIA, AN EMERGING PATHOGEN IN NEWBORNS :A CASE SERIES”**

Thank you for reviewing my manuscript.

1. **Reviewer-** “I agree with the authors that *Stenotrophomonas* is an emerging pathogen that presents a big challenge in the pediatric population with few antibiotics available. Although these case reports are interesting, I do not believe this is a novel report. *Stenotrophomonas* has been reported.”

**Author’s Reply-** I do agree Madam/Sir, that *S. maltophilia* cases have been reported, but they are in adult and pediatric population. In newborns only few reports are present. ***S.maltophilia in newborns is very rarely reported in developing countries.*** The same I have mentioned in the manuscript also.

2. **Reviewer-** “ While the blood cultures are more convincing for the sepsis caused by *Stenotrophomonas*, in case one, the patient had respiratory cultures positive for steno, but also blood cultures positive for staph epi, I agree with the authors that the clinical course suggest that the steno was more likely the culprit of the significant infection, but this case is less convincing than the other 2 cases. I would suggest moving case 1 to case 3”.

**Author’s reply- Done Madam/Sir.**

3. **Reviewer-** “In case 1, the steno was not initially treated and mero was not changed until several days with no improvement. I would suggest the authors add a paragraph in the discuss about clinicians reluctance to treat this pathogen and often treating it as a colonization rather than a pathogen”.

**Authors reply-** In first case, tracheal aspirate sent at admission grew *S. maltophilia*, report came on day three of admission and antibiotics were changed on the same day , as soon as the report was received. The same I have mentioned in the manuscript.

**I have added the paragraph in the discussion with reference(Ref- 27)**