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Response to letter to the editor regarding “Probiotic administration in infants with gastroschisis: a pilot randomized placebo-controlled trial”

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Dear editor,

On behalf of my co-authors, I extend our thanks to Dr. Weizman for the careful review of the paper and the helpful suggestions. The supplemental table referred to is reproduced again as table A in the supplemental data.

During the time of the study, the pediatric surgeons varied in their preference for length of antibiotic treatment from 48 hours to 14 days. None of the infants had positive blood cultures. We did not perform stool cultures. Table B in the supplemental data summarizes antibiotic administration for all of the enrolled infants.

The infants who received multiple courses of antibiotics (patients 14 and 24) both had intestinal atresia. We analyzed 4 stool specimens from baby 14 and 2 stool specimens from baby 24. In the paper most of the statistical analyses were performed with and without these two outliers.

There are many factors that influence length of hospital stay. Most of the babies had no other medical issues other than gastroschisis with the following exceptions: one baby had Waardenburg's syndrome (placebo group), one baby had arthrogryposis (probiotic group), two babies had intestinal atresia as noted above, two babies had known exposure to illicit substances in utero (one probiotic, one placebo). None of the babies had significant fevers or episodes of infection. We did not collect extensive socio-economic data.

Respectfully,

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Conflicts of Interest: none.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

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