

include use of drains measuring less than 10 mm in external diameter, use of "Z" insertion method, and making a purse-string for closure of the defect after removal of the drain [5].

Drains are not a substitute for good surgical techniques and must be used with caution. Careful insertion, and regular post-operative and post-removal inspection is recommended.

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Simultaneous Two Site Blood Culture in Diagnosis of Neonatal Sepsis: Few Concerns

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AUTHORS' REPLY

We are thankful to the readers for giving us the opportunity to provide clarifications on our research.

We read with interest the recent research paper by Tomar, *et al.* [1] in *Indian Pediatrics*. We have following comments and queries:

1. In the present study, authors mentioned that there was no polymicrobial growth in any of the cultures; what was the reason for this finding? Most of the studies in neonates report a frequency of 4% to 25% polymicrobial infections out of all bloodstream infections [2,3].
2. The results of this study differ from study by Sarkar, *et al.* [4], and author attributed it to small sample size and inclusion of inborn babies only in the study; however, to us it seems more due to gross differences in rates of culture positivity in two studies (9.2% vs 46%).
3. In the present study, incidence of candidemia was very high (one-third of total culture positive infections); is there any peculiarity in the study population for this heterogeneous result?
4. Although sending two blood cultures simultaneously improves diagnostic yield, it will add cost to patient care, demands more manpower, and will cause more pain to neonate. The problem of false positivity can be overcome by time to positivity (TTP) of blood culture. Various studies have given time to positivity for individual class of organism beyond which it can be considered as contaminant [5].

1. Polymicrobial bacterial infections are often related to surgical interventions, complex congenital cardiac diseases, abdominal surgeries and lipid infusions [1]. We have a separate unit for surgical patients and we do not use lipid infusions for parenteral nutrition. These factors might partly explain absence of this phenomenon in our patients.

2. Difference in results from an earlier study [2] has been attributed to inclusion of outborn babies