

regimens. ECG monitoring for QTc prolongation should be done at the baseline and then on a monthly basis for children receiving Delaminid [2].

4. Bedaquiline may also be included in longer MDR-TB regimens for patients aged 6–17 years. (need for more data before considering an upgrade of this recommendation to a strong one) [2].
5. Hearing loss can have a permanent impact on the acquisition of language and the ability to learn at school, and therefore should amikacin or streptomycin use be resorted to in children, regular audiometry is recommended [2].

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Balancing the Covariates in Studies on Enteral Feeding in Preterm Neonates

We congratulate Modi, *et al.* [1] for their work on early aggressive enteral feeding in neonates, published recently in *Indian Pediatrics* [1].

Successful establishment of enteral feeding and prevention of the dreaded complication of necrotizing Enterocolitis (NEC) in very and extreme preterm neonates is dependant on a multitude of factors. Some of the factors that can modify the risk of NEC as well as mortality include the use of maternal antibiotics, extended use of empirical antibiotics in the neonatal period, delayed cord clamping and probiotic use [2,3]. However, the above mentioned parameters fail to find a mention in the baseline characteristics in the present article, thus making it unclear if the covariates were equally balanced amongst the two groups. Though this trial is a randomized controlled trial (RCT), even RCTs are not immune from imbalance in baseline characteristics between the two treatment groups [4]. This imbalance is known to occur more frequently in trials with small sample sizes [4].

In spite of enrolling sick preterm neonates by the investigators, the NEC incidence rate of the subjects in either of the two groups was very low (1.5-3%). The Vermont Oxford Network and the National Institute of Child Health (NICHD) had reported the incidence of NEC to be 7.4% and 7% respectively in their cohort of very low birth weight (VLBW) neonates [5]. The ADEPT (Analysis of prospectively collected data from a randomised feeding trial, the Abnormal Doppler Enteral Prescription) trial, which had enrolled growth restricted

preterm neonates <35 weeks gestation with antenatal doppler abnormalities had reported a NEC incidence rate of 18% in the early feeding group and 15% in the late feeding group [6]. Despite a higher percentage of growth retarded preterm neonates and the use of preterm formula milk as the second choice for enteral feeding in this study, the incidence rates of NEC are significantly lower than that reported from the Western literature. Could the authors dwell upon this unexpected finding of their study?

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