Dear Sir: Herewith we respond to comments on our paper [1] made by Dr. Gibot.

The fact that the study was performed retrospectively is stated clearly, but it was not reported explicitly that part of the samples were used in a previous study [2]. All samples were stored at −80°C in different aliquots until further processing. They were not subject to freeze-thaw cycles, since one aliquot was used in the study by Linssen et al. [2] and a different aliquot was used for our study.

Despite the fact that centrifugation at 250×g for 10 min might not have been sufficient to eliminate all cells present in the bronchoalveolar lavage (BAL) fluid, samples from the confirmed ventilator-associated pneumonia (VAP) group and the nonconfirmed VAP group were subject to the same procedure. Although we cannot completely exclude that persistence of cells expressing triggering receptor expressed on myeloid cells-1 in BAL fluid may not be helpful in diagnosing VAP (using DuoSet or Quantikine ELISA, R&D Systems), and three studies [1, 6, 7] suggested that sTREM-1 levels in BAL fluid may not be helpful in the diagnostic value of sTREM-1 may be readily explained by factors other than the assay itself, as stated in Table 2 of our paper [1]. Three studies [3–5] indicated that sTREM-1 levels in BAL had potential for the diagnosis of VAP [using immunoblot or DuoSet enzyme-linked immunosorbent assay (ELISA, R&D Systems)], and three studies [1, 6, 7] suggested that sTREM-1 levels in BAL fluid may not be helpful in diagnosing VAP (using DuoSet or Quantikine ELISA, R&D Systems). Additionally, the number of cases, the general everyday ICU setting, and the error for dilution of BAL and type of BAL may have had a role in the difference in outcome of the studies.

In conclusion, in our opinion, this study (despite its limitations) contributes to the debate about the value of sTREM-1 as a diagnostic marker for VAP because the study was performed in a large general ICU population. This is the population in which sTREM-1 should be used and in which sTREM-1 levels may not be helpful for clinicians to establish the diagnosis of VAP.

Conflicts of interest statement None.

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