Reviewer’s report

Title: How to treat VAP due to MDR pathogens in ICU patients.

Version: Date: 26 February 2014

Reviewer: Olivier Mimoz

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Interesting review on the treatment of VAP due to MDR strains. Below please find my comments to improve it.

Some typo and grammatical errors should be corrected throughout the manuscript, e.g., page 3 “is associated” instead of “may is associated”, “K pneumoniae” instead of “K. pneumonia”, “carbapenemase” instead of “carbapenamase”….

Page 3. Why “extended spectrum beta-lactamase and Enterobacteriaceae-producing carbapenamase strains” are in parentheses?

Page 3. Fortunately, all late VAP are not due to MDR strains. “may be caused” should be more appropriate.

Page 3 bottom. Extended infusion of carbapenems improves PK-PD target achievements and not PK target alone.

Due to the high probability of selection of resistant mutants, the use of colistin alone should not be recommended. Data indicated that even when colistin remains the only active antimicrobial agent, its use in combination with others compounds may be beneficial.

The use of tygecycline alone has been associated with an increased risk of mortality and should not been recommended.

The superiority of linezolid over vancomycin observed in the Wunderink’s study has been challenged due to the identification of several potential confounding factors. This point should be discussed in the manuscript.

The place of the new cephalosporins with activity against MRSA should be discussed.

References are not formatted according to Journal’s style and are sometimes incomplete.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests:

I declare that I have no competing interests