Reviewer's report

Title: Serum procalcitonin for the early recognition of nosocomial sepsis in the critically ill patients: a preliminary report

Version: 1 Date: 14 January 2009

Reviewer: Ashraf Dahaba

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Charles et al submitted a study examining the utility of using PCT for early diagnosis of nosocomial infection in a 15 bed ICU unit.

General remarks
I am sure that the authors would have noticed that their title does not actually fit their study design as one would get the impression from the title that the authors routinely screened all ICU patients for nosocomial infections using PCT and that would raise a red flag of possible nosocomial which would be late confirmed by a culture and sensitivity however that was not what the authors did.

Specific remarks
1- what the authors tested was not ROC of nosocomial infection but simply ROC of sepsis in the ICU whether nosocomial or otherwise.
2- how did the authors do a retrograde PCT for D-1, D-2 did they keep blood samples of all patients admitted to ICU?? If so then why did they not simply analyse that for PCT or that would have been too expensive
3- what is the meaning of PCT dosage? did they inject PCT?
4. The materials and methods is so confusing that one could not easily follow what is being done. What are the authors comparing as suddenly we have 2 groups one with VAP another with only sepsis? I am totally confused
5. Nosocomial is also viral this should be also mentioned in the discussion.
6. The discussion is very poor and should deal with a clear hypothesis that the authors should have proposed
7. error bars in Fig 1 one group should go up while the other group should go down otherwise why did the authors include only half the error bars.