



Is the safety of azithromycin superior to other antibiotics in the treatment of infectious diseases in children?

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We read with great interest the recent published study by Li and colleagues entitled “*Safety of azithromycin in pediatric infectious diseases: a clinical systematic review and meta-analysis*” (1). They demonstrated that the safety of azithromycin is superior to other antibiotics in the treatment of infectious diseases in children. We appreciate Li and colleagues for the valuable study, however, after a careful learning of the literature, we would like to pay attention to some important missing aspects in the study.

Firstly, after carefully reviewing the included study by Wang *et al.* (2), we found that 160 children diagnosed as mycoplasma pneumoniae pneumonia were randomly divided into two groups: experimental group and control group and each group with 80 children. Whereas, in table 1, Li *et al.* (1) depicted that 180 children were included and 91 children were enrolled in experimental group and 89 in control group. Moreover, the erroneous data that adverse reactions of 113 cases occurred in 91 children in experimental group and adverse reactions of 115 cases in 89 children in control group resulted in odds ratio (OR) not being estimable showed in figures 2,3.

Secondly, sensitivity analysis is carried out by omitting one study at a time to investigate the effect on the overall pooled estimate (3). In the heterogeneity investigation and sensitivity analyses section, the authors performed the sensitivity analysis only by omitting Saiman *et al.*'s study (4) and did not further exclude the other included studies. Hence, we believe that the sensitivity analysis was

insufficient.

In short, Li *et al.* (1) revealed a significant issue with regard to the clinical safety of azithromycin; however, the data should be further revised to validate the conclusions because of the concerns above.

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