

# Correspondence to the Article by Dhawan et al. “Bedside Lung Ultrasound as an Independent Tool to Diagnose Pneumonia in Comparison to Chest X-ray: An Observational Prospective Study from Intensive Care Units”

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## Dear Editor,

I read with great interest, the article published in your journal by Dhawan et al., “Bedside Lung Ultrasound as an Independent Tool to Diagnose Pneumonia in Comparison to Chest X-ray: An Observational Prospective Study from Intensive Care Units”<sup>1</sup> It provides good insight about the usefulness of ultrasound for the diagnosis of pneumonia in intensive care unit (ICU) settings. I would like to offer the below listed comments:

- The inclusion criteria mentioned about multilobar infiltrates which means that chest X-ray was used as one of the factors for including patients which will lead to a selection bias.
- Only one Investigator had performed the Lung Ultrasound which will cause observer bias as the ultrasound study is performer dependant.
- Chest Radiographs were interpreted in the study by one Senior Radiologist which also will affect the strength of the study since radiograph interpretation has been noted to be variable and discordant even among senior radiologists.<sup>2</sup>
- Also the timing of the computed tomography (CT) scan from the time of admission (or between chest radiograph/BLUS and CT) was not mentioned in the study which might lead to appearance of new infiltrates if there is a significant lag between the studies.<sup>3</sup>

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