Introduction:

- **Context and Relevance**:

  The high prevalence and significance of ICU-acquired pneumonia are explained in the introduction, which successfully establishes the background. Nebulized antibiotics are presented as a viable remedy, and the gap in the current preventive efforts is highlighted.

- **Research Gap and Justification**:

  This meta-analysis has a strong justification, which is especially evident considering more recent research. This study is better supported by the reference to earlier meta-analyses and their shortcomings.

Methods:

- **Eligibility Criteria**:

  Inclusion and exclusion criteria were clearly defined, ensuring that the study focuses on relevant and high-quality RCTs.

- **Search Strategy**:

  The description of the search strategy was thorough. However, including the exact search terms and Boolean operators used would enhance reproducibility.

- **Data Extraction and Quality Assessment**:

  The process for data extraction and quality assessment was robust and involved multiple reviewers and a predefined protocol. Mentioning the resolution of disagreements by a third reviewer has added credibility.

- **Statistical Analysis**:

  The statistical methods were appropriate for a meta-analysis. However, more details on how mean and variance were estimated from medians and quartiles could be beneficial.

Results:

- **Study Selection and Characteristics**:

  The results section has provided a detailed account of the study selection process and characteristics of the included studies. Including the PRISMA flow diagram has enhanced transparency.

- **Primary and Secondary Endpoints**:

The findings related to the primary and secondary endpoints were presented with appropriate statistical support.

Publication Bias:

The evaluation of publication bias is critical, and the methods used (funnel plots, Egger's test) are appropriate. Mentioning the lack of significant publication bias has strengthened the study's validity.

Discussion:

- **Interpretation of Findings**:

  The discussion section has provided a balanced interpretation of the results, acknowledging both the efficacy in reducing ICU-acquired pneumonia and the lack of impact on mortality and ICU stay.

- **Comparison with Previous Studies**:

  Comparing the results with previous studies and meta-analyses has added depth to the discussion. The manuscript successfully contextualizes its findings within the broader literature.

- **Limitations**:

  The discussion of limitations, such as the small number of included studies and heterogeneity in systemic antibiotic use was crucial. However, more emphasis on potential biases and methodological limitations could enhance this section.

- **Clinical Implications**:

  The implications for clinical practice were well-articulated, especially the potential benefits of targeted antibiotic delivery. However, a clearer call for specific future research directions would be beneficial.

Conclusion:

- The conclusion has effectively summarized the study's findings and their implications. It has reinforced the potential role of prophylactic nebulized antibiotics in preventing ICU-acquired pneumonia without significant side effects but calls for further research to confirm these findings and explore their impact on mortality and ICU stay.

Overall Recommendations:

1. **Abstract**: Briefly mention the types of antibiotics and controls.
2. **Introduction**: No significant changes are needed; it is comprehensive and well-justified.
3. **Methods**: Include detailed search terms and provide more information on the statistical treatment of median data. For risk of bias assessment, kindly use the Cochrane Collaboration tool for assessing the risk of bias (RoB2) to assess the methodological quality of the RCTs in a tabular form.
4. **Results**: Well-written.
5. **Discussion**: Highlight methodological limitations more explicitly and suggest specific future research directions.
6. **Conclusion**: well-concluded.