

Author's response to reviews

Title: Prospective study of urinary tract infection surveillance after kidney transplantation

Authors:

Roberto Ribera-Sanchez (cerdea321@yahoo.com.mx)
Dolores Delgado-Ochoa (lolgera@hotmail.com)
Ramon Espinoza-Hernandez (espinohdzt2003@yahoo.com.mx)
Rocio Flore-Paz (rflorespaz@yahoo.com.mx)
Elvia García-Jimenez (Elviagen@yahoo.com.mx)
Andres Bazan-Burges (bazandr@hotmail.com)
Myriam Arriaga-Alba (arriaga_alba@yahoo.com)

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Author's response to reviews: see over

MS: 1833292702285714 - Prospective study of urinary tract infection surveillance

John Kerr , Assistant Editor

Andres Bazan-Burgosa	Andres Bazan-Borges	The name has been corrected-
address the comments point-by-point response	We are including a point by point response to reviewers.	
'The authors declare that they have no competing interests'.	<p>Within the cover letter we are declaring that the purpose of the paper is only science, not financial nor commercial. We don't have any competing interests.</p> <p>A competing interest has been added as it is described in BMC infectious diseases, instructions to authors.</p>	
approval of an appropriate ethics committee.	Yes it has been accepted by the research and ethics committee with the register number HJM-236/97	
a native English speaking colleague to help you copyedit the paper. If this is not possible, you may need to use a professional copyediting service. Examp1.Manuscript Presentation Service (www.biomedes.co.uk), International Science Editing (http://www.internationalscienceediting.com/) and English Manager Science Editing (It has been revised	
ensure that your revised manuscript conforms to the journal style files are correctly formatted	It has been revised	
forward to receiving your revised manuscript by 22 December 2009	We reply for more time up to January 14 th .	

Referee 1:

http://www.biomedcentral.com/imedia/1348068783125725_comment.pdf

1.-duration of fixing Foley Catheter	In Material and Methods, the new version explains the type of catheter and the time it was left.	
2.- kind of immunosuppressive drug	In the new version a brief explanation of the employed treatment of the patients is briefly explained. "After surgery patients received an immunosuppressive treatment with prednisone, cyclosporine and Azatioprine."	
3.- correlation between chronic rejection and UTI has not been confirmed, how the prevention of UTI could affect patients' quality of lives?	Our results, shows that Urinary cultures during the first days after transplant might give prevention to developed UTI on Transplanted patients.	Quality of life test has been evaluated in the Hospital, but considering that our study was not designed to evaluate carefully this quality. .. Discussion has been corrected with the state that this study is useful to detect infections development.
4.- Symptoms observed in patients with UTI?	UTI, are mainly detected by EGO, and urinary culture, as pain might be due to the surgical trauma.	
5.-UTI followed by any complications?	Urinary fistulas might be present in 35% of all patients after renal transplantation. So it is worthwhile to evaluate Urinary infections.	
6.- antibiotics as prophylaxis	All patients take cefalosporine 2 generation 1.5g/day. Nevertheless, antibiogram studies were usefull to improve threatment, for a more suitable threatment.	
Regarding to number of papers with larger sample sizes, it seems that this article could not be considered for publication	We considered that it is a useful series. Patients were observed for large time periods. As it is said on the paper, most of them continue its cyclosporine levels evaluation.	

article of insufficient interest to warrant publication		
tatistical review: Yes, but I do not feel adequately qualified to assess the statistics.	Statistical has been done both with mathematical and employing a graph-Pad software.	

Referee 2:

**[http://www.biomedcentral.com/imedia/1345083663323943
_comment.pdf](http://www.biomedcentral.com/imedia/1345083663323943_comment.pdf)**

<p>A. Definition of UTI's(considering that in renal transplant setting there are many episodes of asymptomatic bacteriuria)</p>	<p>In urinary culture section, it is described that UTI was considered positive when bacterial count were recorded up to 10^{-5}, colony forming units and leukocytes were up to 10 per microscopic field. Positive nitrates value was recorded for Gram negative bacteria ...”</p>
<p>B. cause of end stage renal disease</p>	<p>The cause of end stage kidney disease was unknown in 85% of patients, none transplanted patient was diabetic.</p>
<p>C. Type of immunosuppression</p>	<p>It has been described above. In the new version a brief explanation of the employed threatment of the patients is briefly explained. “After surgery patients received an immunosuppressive treatment with prednisone, cyclosporine and Azatioprine.”</p>
<p>D. Antibiotic prophylaxis and post-operative care</p>	<p>All patients take cefalosporine 2 generation 1.5g/day. Nevertheless, antibiogram studies were useful to improve treatment, for a more suitable treatment.</p>
<p>1) of ureteric splints; duration of urethral catheterization</p>	<p>The urethral catheter is installed before kidney transplantation, it is left for 10 to 14 days after surgery if there is not an urinary fistula. An explanation is given on the new version. A double J urethral catheter is placed during the neo-cysto-.urether–anastomosis and remains until the fourth week after transplant.</p>
<p>2). role of CMV infection (immunomodulant?), shortly cited in the introduction, like so for infections caused by candida.</p>	<p>It was prevented with medical prophylaxis. It was evaluated in all patients. But in the present work we analyze only bacterial and Candida infections. None of the studied patients presented other complications. On the new version we explained the prophylaxis given to the patients. Candida infections implications are explained on the discussion.</p>
<p>3) importance of controlling antibiotic use and preventing the emergence of resistant microorganisms should be emphasized</p>	<p>We empathize now the importance of to reduce the administration of antibiotics in not infected patients. But also it is necessary to start specific treatment regimens for avoid major complications in patients treated latter.</p>
<p>4) Discussion: The authors state that “the five deaths in the present study, Perhaps because of the effectiveness of antibiotic therapy”. This study is not designed to answer to this important question</p>	<p>In the new version We have removed this argument.</p>
<p>Needs some language</p>	<p>Language has been revised.</p>

Referee 3:

http://www.biomedcentral.com/imedia/1864386389324570_comment.pdf

replace the term cadaveric with deceased	Cadaveric has been replaced by deceased.
prophylactic treatment did not protect against the development of UTI in this group of renal transplant recipients: however, in the text there are no data about the prophylactic treatment	All patients take cefalosporine 2 generation 1.5g/day. Nevertheless, antibiogram studies were useful to improve treatment, for a more suitable treatment. Prophylactic treatment employed in these patients is now explained in the new version.
graft survival of 90% in the group of patients with UTI: this is probably due to the higher number of kidney transplant from living donor	This is true; in fact it was observed that patients receiving an allograft from deceased donor have a more significant frequency of transplant rejection.
could be more interesting to compare the graft survival between patients with UTI and those without.	These data are shown on table 2.
Data on patient survival should be removed, since no death could be attributable to UTI.	These data has been removed.
Tables 1 and 2 and Figure 1 can be removed	Tables and figures must be most didactic to the lector. So we decided to reduce the information given in the test.

could be more interesting for readers to better discuss the problem of antibiotic resistance	In the new version we remarked the importance of to reduce the administration of antibiotics in not infected patients. But also it is necessary to start specific treatment regimens for avoid major complications in patients treated latter.
article of limited interest	There are few works studying Latin American patients.