Author's response to reviews

Title: Enterobacter nimipressuralis as a cause of Pseudobacteremia

Authors:

Dong-min Kim (drongkim@chosun.ac.kr)
Sook-Jin Jang (sjbjiang@chosun.ac.kr)
Ganesh Prasad Neupane (neupaneganesh@yahoo.com)
Mi-Sun Jang (sangkm3507@nate.com)
Se-Hoon Kwon (kwsh99@nate.com)
Seok-Won Kim (chosunns@hanmail.net)
Won Yong Kim (kimwy@cau.ac.kr)

Version: 6 Date: 5 October 2010

Author's response to reviews:

Dear Roxane Rajabi
The BioMed Central Editorial Team
Email: editorial@biomedcentral.com

Re: “Enterobacter nimipressuralis as a cause of Pseudobacteremia”

Dear Editor,

Enclosed is our revised manuscript “MS: 1786881123546087” which has been corrected according to the comments made by the reviewer’s.

Now we hope, the new revised version of our manuscript has been more interested for the clinicians and other readers of BMC Infectious Diseases if accepted for publication. Furthermore, we would be happy to provide further information or revision if necessary.

Thank you for your consideration.

< Corresponding author >
Seok Won Kim
Department of Neurosurgery, School of Medicine, Chosun University,
588, Seosuk-dong, Dong-gu, Gwangju-city,
501-717, Korea.
Tel : (011) 82-62- 220-3126
FAX : (011)82-62- 227-4575
E-mail : chosunns@hanmail.net
Dear editor, followings are the responds on your comments. Additionally, we tried to clarify the each and every concern of the reviewer’s comments in our responds to the reviewer’s comment section.

a) Explain why blood cultures were drawn without clinical signs or symptoms of blood stream infection,

Our responses: Dear editor, as we know the best time to do blood culture is at very before when someone has fever as well as with clinical signs or symptoms of blood stream infection. Additionally, in practice we preferred for blood culture for those patients who had complained of febrile sensation especially in outpatient clinic as we have not enough time to assess the patients. (We have a lot of patients to deal with within limited time in Korea. We used to see about one hundred patients a day). The above two patients when visited outpatient clinic, the doctors who were in charge just ordered blood culture as well at routine labs at the situation when they did not know the lab results such as CBC, U/A, etc.

As your recommendation, brief information has been included in our revised manuscript for further clarifications of blood culturing as following.

“When the above two patients visited outpatient clinic, the doctors who were in charge just ordered blood culture afraid of systemic infection, because they had complained of febrile sensation in spite of ambiguous clinical signs or symptoms."

b) Answer the reviewer’s question #5 about hsp60 sequencing.

Our responds: All three isolates were confirmed to be the same organisms by IRS-PCR. All isolates were identified as E. nimpressuralis by hsp60. To clarify that point I describe that in our manuscript.

Responds to the reviewer’s comments:

Reviewer’s: Armand Paauw

As mentioned previously the manuscript is informative and shows the need to identify clinical cultures properly. However, I have still some remarks.

1) Page 2 line 17: Culturing will not help but reliable and fast identification will probably help to detect pseudobacterimia and other pseudo infections.
Our responds: We agreed and it has been changed as per your suggestion.

2) Shorten of the genus name is not always consistent. Please check that.

Our responds: It has been checked and corrected properly.

3) On page 4 line 21: No common exposures...sampling were noted. Why were the bloodcultures taken?

Our responds: Dear reviewer, as we know the best time to do blood culture is at very before when someone has fever or with clinical signs or having symptoms of blood stream infection; however, we have (In our hospital) tendency of doing blood culture for patients who had complained of febrile sensation especially in outpatient clinic since we have not enough time to assess the patients (we have a lot of patients to deal with within limited time in Korea). We used to see about one hundred patients a day. When above two patients visited outpatient clinic, the doctors who were in charge just ordered blood culture as well at routine labs at the situation when they did not know the lab results such as CBC, U/A, etc. As your recommendation, brief information has been included in our revised manuscript for further clarifications of blood culturing as follow.

“When the above two patients visited outpatient clinic, the doctors who were in charge just ordered blood culture afraid of systemic infection, because they had complained of febrile sensation in spite of ambiguous clinical signs or symptoms.

4) Page 5 line 14: Enterobacter clinical...than 0.8%. This sentence does not make sense. Please re-write, or better send it to an manuscript editor.

Our responds: The above sentence has been rephrased as per your suggestion.

5) Page 5 line 20 and figure 1: Did you perform hsp60 sequencing on 1 or all isolates? And confirm that all three isolates must be E. nimipressuralis by IRS-PCR or where all three isolates identified with hsp60 gene fragment sequence analyze?

Our responds: All three isolates were confirmed to be the same organisms by IRS-PCR. All isolates were identified as E. nimipressuralis by hsp60. To clarify that point I describe that in our manuscript.

6) Page 6 line 10-11: After all E. amnigenus was not isolated at all. Therefore, it might be a bit strange to mention this species in your discussion as clinical significance remains unclear. (this also counts for page 2 line 12, page 6 line 21, page 7 line 4, and page 7 line 9 remove E. amnigenus or)

Our responds: As your recommendation, it has been corrected.

The microbiologic culture monitoring system of sterile body fluids revealed on an episode of Enterobacter amnigenus in blood culture results. This pseudobacterium might be suspected from cotton and blood culturing hence, we
feel it is rather helpful to mentioned with the E. nimipressuralis species in some portion.

7) Phoenotypic must be phenothypic

Our responds: As your recommendation, it has been corrected.

8) Figure legend Figure 2. Salined cotton isolate identified as E. nimipressuralis instead of salined cotton isolate classified as E. amnigenus.

Our responds: It has been corrected in the figure legend.