Author's response to reviews

Title: Klebsiella pneumonia septic shock and death in a patient with community-acquired Clostridium difficile colitis (CA-CDI):

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Author's response to reviews:

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The Editor
BMC Infectious Diseases
BioMed Central
236 Gray's Inn Road
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Dear Editor,

Re: Manuscript “Klebsiella pneumonia septic shock and death in a patient with community-acquired Clostridium difficile colitis (CA-CDI)”

We believe that the referred manuscript will provide useful information on community acquired C. difficile infection (CDI) and will help to dispel previous thought that CDI by this route is not likely to progress to serious clinical outcomes.

This community acquired CDI case is however unusual for the following reasons:

1) The uncharacteristic clinical outcomes including toxic megacolon, bowel perforation, and Gram negative shock and death. Notably, these clinical outcomes were more likely to occur among debilitated hospitalized individuals exposed to risk factors associated with patient management of other serious underlying clinical conditions. CDI is also more infrequent among young adults compared to aged persons in long-term facility care institutions.

2) The infecting strain of C. difficile (ribotype 087, North American pulsotype 12, PFGE macro-restriction fingerprint 0515) in this case was seen for the first time in Jamaica and also when compared to over 700 unique fingerprint types in a Canadian national collection of more than 7,100 CDI isolates. This strain is closely related to the reference strain “ATCC 43255 (NAP12) with only a single
band difference observed in the DNA fingerprints.

This case report will serve to alert the medical fraternity that community acquired CDI infection must be viewed with equal importance as hospital acquired infection, underscoring the need for early diagnosis and appropriate patient management. There is also a need for more molecular epidemiological studies to determine whether community acquired C. difficile strains are uniquely different or the same as those associated with hospital acquired CDI.

Please note that the following changes/alterations were made as required by the BMC Infectious Journal:

1. Adjustment to the conclusions by removal of the statement regarding treatment. This was replaced with “K. pneumoniae was presumably the cause of septic shock and death”.

2. Consent given by next of kin: - The parents who consented to the publication of this case manuscript if accepted. (Parents -Mr and Mrs. Andrade, Contact telephone # 876-7483766 -home & 876-4395876- cell)

NB. “Hospital in Spanish Town” mentioned in the case study was replaced with “a local Government hospital” for confidentiality.

Sincerely,

Orville Heslop, PhD
Corresponding Author/Principal Investigator