Reviewer's report

Title: Chromobacterium haemolyticum-induced Bacteremia in a Healthy Young Man

Version: 1 Date: 26 June 2013

Reviewer: Charis Marwick

Reviewer's report:

This is an interesting case which highlights the importance of obtaining a microbiological diagnosis in septic patients, as well as identifying an unusual pathogen.

Major Compulsory Revisions

There are a few issues that require clarification:

1. Is this really the first report of human infection with Chromobacterium haemolyticum?

In the discussion, the authors report that it has previously been isolated from a clinical sputum sample – is it certain that this was not infection? If so, the authors should clarify the nature of the "clinical" sample.

At the end of the discussion, the authors imply that previous cases thought to be C. violaceum might actually have been C. haemolyticum, due to difficulties distinguishing between the two. This should be raised earlier.

2. Is it really so essential to distinguish between C. violaceum and C. haemolyticum in terms of clinical management?

The authors report that C. haemolyticum has high beta-lactam resistance but a recent report in BMC ID (ref 6 in the current report) suggests that C. violaceum is also hard to treat and requires combination therapy (which would likely include cover for both?). It is still interesting to definitively identify a new pathogen but the point about differences in clinical management is perhaps over-emphasised. If there really is an important difference in management then that needs to be made clearer by spelling out the differences in antibiotic sensitivities. The authors should report any sensitivity data they have for the isolate from this case to clarify this issue.

3. It needs to be clear earlier whether or not the patient had necrotising fasciitis. I thought he did until the second last paragraph of the whole report. The fact that the pathology was not diagnostic needs to be mentioned in the case presentation and the authors should avoid saying that “the patient was found to have necrotising fasciitis on day 6 based on the LRINEC score” in the discussion. The LRINEC score risk stratifies rather than diagnoses (as correctly applied in the case presentation).
Minor Essential Revisions

1. The strain is called MDA0585T at the end of the case presentation but MD0585T at the start of the discussion. Please correct this.
2. A normal reference range for CRP should be given as this varies widely between different clinical settings.
3. The authors should clarify why consent was from the parent rather than the 26 year old patient himself.

Discretionary Revisions

Some of the sentence structure is a little unclear. For example, the sentence fourth from last in the case presentation would be clearer if written: “Vitek…and API 20 NE tests identified the organism as C. violaceum.” Otherwise, it sounds like it could have been a mixed infection.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests