Author's response to reviews

Title: Inside the labyrinth of postpartum fever: Sphingomonas paucimobilis sepsis associated to pyomyoma

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Version: 2 Date: 29 October 2013

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Referee 1
1. Accordingly, we added in the case presentation that the patient “had a history of an asymptomatic uterine fibroid without systematic follow-up examinations. During the previous two years she had also two first-trimester abortions. She had no history of recent antibiotic treatment, invasive procedures, placement of foreign body or instrumentation of the uterus prior to presentation to our hospital”
2. There was no clear evidence of nosocomial risk factors, such as previous antimicrobial therapy, invasive procedures, placement of foreign bodies.
3. We cannot exclude bacterial colonization of the hospital water system, although no cases of *S. paucimobilis* bacteremia have been found in our hospital in recent years.
4. We added in the references the suggested article by Magarakis et al, Emerg Infect Dis 2009, and by Ryan and Adley, J Hosp Infect 2010 (Ref 8 and 22). We now described nosocomial risk factors and outbreak of *S. paucimobilis* infections both in the background and discussion.
5. We added a CT scan imaging of pyomyoma (new figure 1).
6. We added a table with antimicrobial susceptibility of *S. paucimobilis* strain. (Table 1).

Referee 2
1. We added a table with published cases of pyomyoma in pregnancy or postpartum (table 2).
2. We now included in the discussion section a brief summary of the management and both conservative and surgical treatment options.

Referee 3
1. We now changed the title as follows: “Postpartum fever in the presence of a fibroid: *Sphingomonas paucimobilis* sepsis associated with pyomyoma”.
2. We modified the abstract. We also clarified that physical examination was normal except for abdominal lower quadrants tenderness. A gynecological examination revealed enlarged uterus with tenderness to the deep palpation.
3. Laboratory tests were included.
4. Since no evidence of apparent source of infection was found, a total body CT scan was performed.
5. We gave details on antimicrobial therapy
6. We modified the conclusion section as follows: Abdominal pain may occur, but fever can be the only one symptom of the infection especially in early stage (it is not referred to our case)
7. We included a history of the patient: “Thirty days before she gave birth a healthy child by normal vaginal delivery at 39th week. She had a history of an asymptomatic uterine fibroid without systematic follow-up examinations. During the previous two years she had also two first-trimester abortions. She had no history of recent antibiotic treatment, invasive procedures, placement of foreign body or instrumentation of the uterus prior to presentation to our hospital”.