Author's response to reviews

Title: How to treat VAP due to MDR pathogens in ICU patients.

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Version: 2 Date: 2 March 2014

Author's response to reviews: see over
March 1st, 2014

Philippa Harris, PhD
Executive Editor
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Dear Dr Harris,

I am sending to you the updated manuscript entitled “How to treat VAP due to MDR pathogens in ICU patients”. All changes suggested by Prof Mimoz have been done and I do believe that with these modifications, the manuscript has been improved.

Thank you for the opportunity to publish in BMC Infectious Disease.

Sincerely

[Signature]
Answers to Reviewer’s Comments

Some typo and grammatical errors should be corrected throughout the manuscript, e.g., page 3 “is associated” instead of “may is associated”, “K pneumoniae” instead of “K. pneumonia”, “carbapenemase” instead of “carbapenamase”.... These mistakes have been corrected. Thank you very much.

Page 3. Why “extended spectrum beta-lactamase and Enterobacteriaceae- producing carbapenamase strains” are in parentheses?
   This mistake has been corrected.

Page 3. Fortunately, all late VAP are not due to MDR strains. “may be caused” should be more appropriate.
   You are completely right. This change has been done.

Page 3 bottom. Extended infusion of carbapenems improves PK-PD target achievements and not PK target alone.
   This error has been corrected following your suggestion.

Due to the high probability of selection of resistant mutants, the use of colistin alone should not be recommended. Data indicated that even when colistin remains the only active antimicrobial agent, its use in combination with others compounds may be beneficial.
   The use of colistin in combination with other antimicrobials is sometime impossible because colistin in the only active drug, especially in the case of A baumannii. Recent clinical data have not demonstrated any advantage with colistin in combination with another antimicrobial in severe infections caused by A baumannii. In infections caused by KPC-producing K pneumoniae, colistin in combination of another antimicrobial (tigecycline in the majority of cases) is nowadays recommended.

   The use of tygecycline alone has been associated with an increased risk of mortality and should not been recommended.
   The use of tigecycline is recommended only in very particular situations: only when no other valid alternatives are available and using 200 mg/day.

The superiority of linezolid over vancomycin observed in the Wunderink’s study has been challenged due to the identification of several potential confounding factors. This point should be discussed in the manuscript.
   These limitations of Wunderink’s study have been included in the updated version of the manuscript.

The place of the new cephalosporins with activity against MRSA should be discussed.
   I had included the place of the new cephalosporins with activity against MRSA for the treatment of VAP.
References are not formatted according to Journal’s style and are sometimes incomplete.
References have been corrected. Thank you very much.