Author's response to reviews

Title: Mycobacterial infection of breast prosthesis a conservative treatment a case report

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Author's response to reviews: see over
Re: Second revision of case report MS: 2034547184116336_point by point response

Dear Mr Nazareno,

We appreciate the opportunity to resubmit our revised manuscript (MS: 2034547184116336) entitled, “Mycobacterial infection of breast prosthesis – a conservative treatment: a case report” for publication in BMC Infectious Disease. We would like to thank the editor for the careful and constructive reviews. Based on the comments from the editor, we have made changes to the manuscript, which are detailed below.

This editor pointed out four things.

1. **Clindamycin usage**
   
   1.1. It was empirically prescribed by the infectious disease specialist in order to cover a large spectrum of infectious agents due to the non-conventional diagnosis and management of our patient.

2. **Re-implantation of the prosthesis**
   
   2.1. *Re-implantation of the prosthesis*: our patient underwent the removal and the immediate replacement of the infected breast implant by a new similar one. The procedure was described as “salvage” since the replacement of the device was immediate and the esthetic outcome of the patient was conserved, thus salvaged. Similar modalities of replacement for implants salvage can be found in the literature, namely in hip and knee prosthesis infection management where one-stage re-implantation is possible [1].

   2.2. *Type of the prosthesis that was replaced*: the type was described at the stage of initial manuscript submission. “Mastectomy was followed by bilateral breast augmentation with Mentor prosthesis (Mentor Worldwide LLC, California, USA) filled with
3. **Way of managing the case, obscure rapidly growing mycobacteria (RGM) species and immediate re-implantation**

3.1. Our patient insisted to conserve her esthetic results; therefore, her infected prosthesis was replaced with a new similar one in one-stage surgery as explained in point 2. She accepted to undergo the procedure although she was aware of the infection recurrence. At that stage of time, the causal agent of the infection was not yet identified as a RGM.

3.2. Immediate re-implantation of the breast implant, defined as salvage as well, has also been described in a case series of nine implants in eight consecutive patients. The author reported that the cultures of the periprosthetic fluid were positive for *Staphylococcus aureus* in three patients and *Enterococcus faecalis* in one patient. A fifth patient was positive for *Staphylococcus epidermidis* [2]. The case series was cited in our manuscript (reference 12).

4. **How long has the case been followed and was there any recurrence up until this date?**

4.1. The patient was last seen in March 2014, with no recurrence/relapse. She was symptom-free, without signs of infection and achieved a satisfactory psychological, psychosocial and esthetic results.

Once again, on the behalf of myself and my co-authors, we thank you for accepting our manuscript in BMC Infectious Diseases.

Yours sincerely,

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References