Reviewer’s report

Title: Severe Clostridium difficile infection complicated by Carbapenemase producing Klebsiella pneumoniae bloodstream infection.

Version: 3 Date: 8 July 2014

Reviewer: Shik Luk

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Major Compulsory Revisions
1. Line 48-49: Giuliano and colleagues reported a severe case of Clostridium difficile infection (CDI) complicated by carbapenemase producing Klebsiella pneumoniae bacteraemia. Since there was only a case, it might not be appropriate to infer the correlation between CDI and K. pneumoniae bacteraemia.

2. Line 56, 122-123 and 155: It was concluded that the diagnosis of K. pneumoniae BSI could have been missed. However, it is a common practice to take blood culture for patients presented with septic shock syndrome. This statement was not relevant.

3. Line 90: Please specify the kind of CDI test.

4. Line 91-92: What was the exact time of vancomycin and metronidazole being started? Delayed treatment might account for the clinical deterioration as well.

6. Line 96: Was the patient given empirical antibiotics when presented with septic shock syndrome? If so, what was it? Discordant antimicrobial treatment was likely in this case as the K. pneumoniae strain isolated was carbapenem resistant. What was the prevalence of carbapenem resistant Enterobacteriaceae (CRE) in your region? Empirical antimicrobials covering CRE might be warranted for critically ill patients suffering from CDI if the local prevalence was high.

7. Line 104-107: Was the presence of blaKPC confirmed by PCR? If not, the phenotypic test based on inhibitory activity of boronic acid compounds can only infer the presence of class A serine carbapenemase. Besides, what were the antibiogram of the strain and the MICs of imipenem and meropenem? Combination of antimicrobial therapy including carbapenem infusion would be helpful especially if MIC of carbapenem is less than 8 #/ml. If possible, the blaKPC should be sequenced and the MLST of the K. pneumoniae strain performed to better delineate the molecular epidemiology.

8. Line 109: Was the Enterococcus faecium isolated vancomycin resistant? If not, then the discussion (line 147) about VRE would be less relevant.

9. Line 116-117: The ribotype of the strain was essential to the discussion since ribotypes other than 027, such as the hypervirulent type 078 or the emerging type 018, are also possible.

10. Line 153: The logic was not correct. Preservation of intestinal flora could
Minor essential revisions
1. Line 44: Klebsiella “pneumonia” should be replaced by “pneumoniae”.
2. Line 46: The sentence should be modified as “Clostridium difficile infection …
are emerging health-care associated (HCA) diseases of public health concern, in
terms of morbidity, mortality, and insufficient response to antimicrobial therapy.”
3. Line 57: Delete “enhanced”.
4. Line 79: “who was” should be added before “admitted”.
5. Line 79, 84, 87 and 88: The dates should be written as “6th February 2014” etc.
6. Line 81: “was remarkable” should be changed to “included”.
7. Line 87: “on an outpatient treatment” should be deleted.
8. Line 103: “resulted” should be changed to “were”.
9. Line 109: “also resulted” should be changed to “was also”
10. Line 113: “consisting in” should be changed to “consisting of”.
11. Line 119 and 121-122: “CD severe infection” should be changed to “severe CDI”
12. Line 120: “on” should be changed to “and”.
13. Line 120-121: “CD severe colitis” should be changed to “severe CD colitis”
14. Line 122: “are” should be changed to “is”.
15. Line 142: Add “s” to “microorganism”.
16. Line 154: “in complicating” should be changed to “on”.
17. References: The authors should use italics consistently for the names of
microorganisms.

Level of interest: An article of limited interest

Quality of written English: Needs some language corrections before being published

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.