Author's response to reviews

Title: Multidrug Resistant M. tuberculosis from Multiple Cutaneous Abscesses in a Patient with Polymyositis: Response to treatment

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Version: 5 Date: 12 October 2004

Author's response to reviews: see over
To the Editor in chief,
Thank you for your advice as you have suggested contacting editing services. We as researchers from the developing country like India hardly get any financial help for our research work to do and to publish. Therefore, it was not possible for us to pay any editing service for betterment of the format and language. We tried our best to improve it as far possible. Regards.

Answers to the comments of the Reviewer (Mr. Hendrik Simon S Schaaf)

Thank you very much for your concern and comments. We definitely think that your concern regarding the article is true. We followed your comments and modified the article. The article has been thoroughly revised; there are new inclusions of relevant facts in ‘Case Report’ as well as in ‘Discussion’, which will definitely strengthen the presentation. Your queries regarding RFLP and the similarity between the strains isolated in two occasions have been answered with suitable explanation. We have made the language more lucid and presentable as far possible. We hope that you will now find it suitable for publication.

Please note in the text that the parts, which are modified and corrected, are colored blue and the new inclusions are colored red.

Answers to Major Compulsory Revisions
1. Abstract:
The abstract has been rewritten with proper mentioning of the facts like initial susceptibility, treatment leading to MDR miliary TB and multiple cutaneous abscesses, role of immunosuppressive drugs and withdrawal of immunosuppressive therapy. Now it contains all the necessary informations. The final conclusion is deleted.

2. Background:
The last sentence in the 3rd paragraph is deleted.

3. Case Report:
3.1 All the abscesses (altogether 5) were completely drained. It might help as an adjunct to treatment. This point is mentioned this time.
3.2 The RFLP method as well as findings is mentioned in the Case Report. We mentioned this time very specifically that the strain isolated in both the occasions were identical. The first was sensitive to all drugs and the second one was resistant to most (nine) of the drugs. Since the strains were identical, it looked like a case of endogenous reactivation; but it failed to explain the MDR nature of the strain within such a short period and against those drugs to which patient was not exposed. Therefore there is a greater possibility of the strain being exogenous, and the mode of infection as either ‘reinfection’ or ‘superinfection’. Reinfection (or superinfection) with the same but MDR strain within six months in an immunosuppressive, non-HIV patient is a rare occurrence and so far as we are concerned, it is not reported earlier. There might be another possibility of ‘simultaneous infection’, which is also discussed.

It is not possible to be definite about the source and the nature (exogenous reinfection/endogenous reactivation) since with our limited source an overall environmental survey for the source of the infection and spoligotyping of the strains was not possible. However, we discussed all the possibilities thoroughly in the discussion part with proper references (Ref. 6,9,11).

4. Discussion:

4.1 We have now specifically mentioned that the strains isolated in both the occasions were identical. The legend of figure 1 is modified and now shows what was actually found with RFLP. (Please vide answer to the query 3.2)

4.2 We agree with you that it is possible for a patient to be infected with more that 1 strain at the same time. We mentioned this time in discussion that possibility with the reference recommended by you. We clearly stated that both the strain was identical, but the previously isolated one was sensitive and the next isolated one was MDR.

4.3 We removed that statement which is probably controversial.

4.4 The statement regarding RFLP in discussion is rewritten, which we think carries more relevance.

4.5 The in-vitro drug susceptibility testing obviously has some limitations, which is discussed with proper reference. (Ref. 18)
Answers to Minor Essential Revisions

1. Background:
1.1 The sites (other than skin) affected by EPTB have been deleted according to your suggestion.
1.2 Proper reference added.
1.3 Last paragraph has been modified accordingly.

2. Case Report:
2.1 The sentence is modified accordingly
2.1 The sentences are modified accordingly

3. Discussion
3.1 The part of the first sentence is modified.

Discretionary Revisions

Background
The types of cutaneous TB one can expect in an immunosuppressive patient is mentioned with reference (Ref. 2)