Lampen et al report a case of Streptococcus milleri epidural abscess in a 25 year old pregnant woman. The authors describe previous literature that suggests that pregnant women undergoing invasive epidural procedures are at risk of epidural abscesses from this particular organism. Furthermore, the authors report that the patient in the reported case had not undergone any invasive epidural procedure and the abscess from this organism was therefore unusual and reportable.

Although this work may be of interest to clinicians particularly in Infectious diseases and Obstetrics-Gynecology, there are two basic questions raised but not answered in this manuscript.

1. Was a vaginal swab performed prior to surgery to determine vaginal colonization of Streptococcus Milleri? The authors do mention a history of a pelvic exam in the first trimester which may have seeded this organism systemically resulting in the epidural abscess.

2. Is the incidence of S milleri colonization (vaginal or otherwise) higher in pregnancy? (please review MacGowan AP at al Journal Clin Pathology (1987) p292-3)

The case described here reports a case of S milleri epidural abscess in a patient with no invasive spinal (epidural) procedure, although a pelvic exam was done in the first trimester. The authors state that this is a significant finding as all other S milleri epidural abscesses in pregnancy reported in the literature followed an invasive epidural procedure (injection, catheter etc).

The authors must answer the two questions raised in the analysis of this case in order to add significance to this case report.