Dear Editor,

Attached, please find the revised version of our manuscript MS#1882831096074374 entitled "Prosthetic valve endocarditis caused by Pseudomonas luteola". The English was corrected by an English native. The abstract was formatted in BMC Microbiology's form. The manuscript was modified following the reviewers' comments. Modifications appear in red in the revised manuscript. Modifications are as follows:

Reviewer 1: Tom Elliot

1. The antibiotic therapy which was used to treat this infection needs to be more clearly defined. For example amoxicillin was given (page 3, line 7) at 2g per day per OS. Was this intravenous or oral and what was the frequency of dosage?

On line 39, we added a comment: "1g twice a day orally".

2. It is unclear whether the patient responded to the amoxicillin as above. Did the temperature settle?

On line 40, we added the following sentence: "The fever decreased but persisted at a level of 37.8 degrees C."

3. When the patient presented in July 2003 how long had the patient been unwell and were there any other clinical manifestations of endocarditis besides the echo result.

We stated on line 32: "In July 2003, a 53-year-old man was admitted to the Timone hospital in Marseilles, France, presenting with clinical signs of acute endocarditis. He had a fever of 39 degrees C that lasted for two weeks, anorexia, a weight loss of 7 kg since December 2002, a stroke with intracranial haemorrhage, and femoral arterial emboli."

4. How long did it take to grow the Pseudomonas luteola from the blood cultures and how were they incubated, anaerobically or aerobically?

On line 46, we stated: "All three aerobic blood cultures, as well as the removed femoral arterial thrombus yielded Pseudomonas luteola (P. luteola) within 48 h of culture."

Page 3 - The patient was treated intravenously with ticarcillin + clavulanic acid 3g five times per day. This is an unusual dosage. Could the authors confirm this is a standard dose used in France? Gentamicin was given at 210mg/day was this as a single dose or was it intravenously?

On line 57, we modified the sentence as follows: "The patient was treated intravenously with ticarcillin + clavulanic acid (3g five times per day) for 60 days, and gentamicin (210 mg once a day) for 15 days. The
high dose of ticarcillin + clavulanic acid was justified by the cerebral involvement. In the course of antibiotic therapy, the fever resumed and the patient's condition improved."

Page 4 - How long was the patient treated with the antibiotics for? What happened to the ESR during this time?

The duration of therapy was detailed as per comment above. The ESR was not estimated during therapy.

Page 4 - The 16S rDNA (Figure 1): It is unclear of the origin of this. It detracts from the main emphasis of this case report and adds little value to its substance. Reference to this phylogenic association could be given in the text.

Figure 1 was deleted.

Page 5 - It is unclear why the authors consider this case to be remarkable because the IE was diagnosed 16 months after heart surgery. It would however be helpful if they perhaps commented on the likely source of this organism in this patient.

On line 94, we added a sentence: "In the present case, as the patient did not undergo any invasive procedure between the 2002 valvular replacement and the onset of fever, we believe that he was infected during the initial cardiac surgery."

Minor Essential Revisions:
This paper needs to be edited to correct a limited amount of the terminology. These include: Page 3, line 5, undulating fever; Page 3, Line 14, rheumatoid factor

The article was edited for terminology mistakes.

Reviewer 2: Smadar Kort

1. Change the sentence "The transesophageal echocardiography was normal" to describe the findings pertinent for the presence or absence of endocarditis, such as vegetations, valvular function etc.

On line 37, we modified the sentence as follows: "The transeosophageal echocardiography showed neither valvular dysfunction nor vegetation."

2. The authors should describe the response to the initial treatment with antibiotics.

On line 40, we added the following sentence: "The fever decreased but persisted at a level of 37.8 degreesC."

3. The second transesophageal echocardiogram revealed a vegetation attached to the aortic valve, however, the function of the valve was not described was there an aortic regurgitation at that time?

On line 42, we added a comment to the result of echocardiography: "and a grade IV valvular regurgitation."

4. The authors reported the worsening in the aortic regurgitation to be the indication for surgery, but other clinical data is not given. Was there clinical improvement? were there further embolic events?

On line 60, we added a sentence stating that: "In the course of antibiotic therapy, the fever resumed and the patient's condition improved."

5. The patient was in the hospital for 7 months. What was the reason for the prolonged hospitalization?

On line 65, we added a sentence that states: "Following cardiac surgery under extracorporeal circulation, the patient developed haemodynamic instability and renal insufficiency that required a prolonged hospitalization."

6. An n is missing in the word infection, just before reference 9.

On line 88, we added the missing n.

7. Too few cases of P. luteola endocarditis are described in the literature to draw conclusions regarding the
nature of the infection. The last paragraph should not include all these conclusions.

The last paragraph was modified to state that: "Including our patient, endocarditis with P. luteola has occurred in three patients who had undergone valvular replacement. This suggests that this organism is a rare opportunistic agent, with a propensity of infecting valvular prostheses."

All authors have read and approved the revised version of the article, and certify that they do not have any conflict of interest related to this research.

Please, do not hesitate to contact me for any further comment or question.

Dr Jean-Paul CASALTA