Reviewer’s report

Title: Prosthetic Valve Endocarditis Caused by Pseudomonas luteola

Version: 1 Date: 1 July 2005

Reviewer: Tom Elliott

Reviewer’s report:

General

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

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Discretionary Revisions (which the author can choose to ignore)

This report describes a case of prosthetic valve endocarditis caused by Pseudomonas luteola.

Major Compulsory Revisions:

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?

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

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.

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

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?

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

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.

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.

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

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

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

Statistical review: No

Declaration of competing interests:

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I have an interest in endocarditis having published on this subject myself and also being a member of the British Society of Antimicrobial Chemotherapy Working Party. I have no competing interests which