Reviewer's report

Title: Multiresistant-MRSA tricuspid valve infective endocarditis with ancient osteomyelitis locus

Version: 2 Date: 15 May 2006

Reviewer: Patricia Brown

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General
Regarding the concerns raised under "Major Compulsory Revisions" in the first review:

1. Once again, terms such as "low grade of sensitivity" and "high grade of clinical resistance" are not scientifically sound. The observation that bacteremia with MRSA can persist despite appropriate therapy, especially in the setting of an endovascular infection such as endocarditis, is well established. The authors provided MIC data in their response to the review, but did not incorporate this into the manuscript! I note that the second reviewer raised the same concern in their first review of the work.

2. This concern is now addressed.

3. Not addressed in the revised manuscript. Right sided endocarditis in the non-injection drug using population is less common; no hypothesis is offered as to why it occurred in this patient.

4. Some additional information was added.

5. Improved, but still needs major editing in this area.

I would still take exception to the assertion that endocarditis arose from an "ancient" focus of osteomyelitis. Although the original infection was long ago, it had relapsed just 7 months prior.

In review of a case report of an entity that has been reported previously one must ask what is new, different or instructive that can be gleaned from an additional case report. I simply cannot find it in this paper.

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

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

Discretionary Revisions (which the author can choose to ignore)