Author's response to reviews

Title: Bloodstream infection following 217 consecutive systemic-enteric drained pancreas transplants

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Version: 3 Date: 27 February 2006

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Reply letter 2006.2.27
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Reviewer 1:

MANDATORY REVISIONS
Sources of IAI: addressed
The most frequent condition is graft pancreatitis with superinfection; leaks at the duodenojejunos- tomy are uncommon in this setting and there were no distant sources such as appendicitis or cholecystitis. Only in one case there was a leak at the stapler line of the duodenal segment. Of note during the study period the incidence of IAI declined, which we contribute to improvement in the perioperative prophylaxis (by exchanging Augmentin by Tazozin, adding a quinolone and fluconazole) and switching to a stapler anastomosis and by this reducing intraoperative microbial spill. These refinements did affect the spectrum of pathogens isolated in these cases with initially being polymicrobial and subsequently being monomicrobial with CNS emerging as leading pathogen.
Management of IAI: addressed
In total 18 of the 21 patients with IAI underwent relaparotomy; the remaining three percutaneous drainage. The problem was also addressed in more detail in the discussion.
Sepsis and urinary tract infection: addressed in discussion
For prevention of sepsis associated with urinary tract infection, early removal of the catheter was performed. Only two cases of sepsis associated with UTI were diagnosed. The incidence of urinary tract infection was only 4% during the early period, but 17% during the later period, which might be due to intensified immunosuppression and changing patient demographics.

MINOR REVISIONS
Table 1: not changed

DISCRETIONARY REVISIONS
Duration and requirement to change antimicrobial therapy: not fully addressed
This is difficult to comprehend as with change of the prophylactic regimen also the spectrum of pathogens and the course of IAI changed.
Spectrum of pathogens: addressed
There was no difference in the spectrum in terms of source of IAI, however according to the applied antimicrobial prophylaxis. The most common pathogen isolated was CNS, in particular after change in the perioperative prophylaxis.
Significance of yeast infection: addressed
The absence of candelémia may be due to the use of fluconazole prophylaxis for the majority of cases. Also patients received antifungal empiric therapy in the case of intraabdominal infection. As Candida krusei...
was recently isolated in a patient with IAI, we now use Caspofungin or voriconazole as empiric agents.
Significance of CMV infection/disease: addressed
A correlation between sepsis and CMV infection/disease was found. In most cases, patients first developed bloodstream infection and later CMV infection/disease.

Reviewer 2:
MANDATORY REVISIONS
None

MINOR REVISIONS
Grammar: addressed
Kidney graft survival: addressed
Kidney graft survival was significantly worse in patients with sepsis.

Technical graft losses: addressed
Comment (not mentioned in text): it remains unclear in how many cases graft thrombosis and infarction was associated with an immunologic complication. Also the few cases of intraoperative and early post operative thrombosis may be due to reperfusion injury. In none of the cases an obvious outflow obstruction was found on graft pancreatectomy.

DISCRETIONARY REVISIONS
None