Author's response to reviews

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

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Reviewer 1: typos have been cleaned and we attempted to improve the Quality of the English;

Basiliximab and Dacluzimab were accordingly corrected;

The risk factors for intraabdominal infection we reported already in a smaller series, however, the critics have stimulated us to also look in detail into this complication within the reported series: we have found 8 cases of yeast IAI; we will due to the importance of the issue address it in a separate paper.

We have attempted to get information on pretreatment of donors and hospitalization, but unfortunately the data could not be obtained; Concerning pretreatment of recipients, the change from Augmentin to Tazocin was associated with a reduction in the incidence of IAI: however, possibly a more important step was the usage of a stapler device instead of a hand sewn anastomosis during the same time and a learning effect also must be considered.

In terms of chronic graft loss, we think longer observation times are required.

As IAI is the most common source of sepsis it is likely that this may lead to chronic damage. Also tapering of immunosuppression during infection and drug toxicity (antibiotics, vasopressors, pain medication) as well as repeat surgical trauma may contribute to this worse outcome.

Reviewer 2: typos have been cleaned and we attempted to improve the Quality of the English;

The renal graft survival and the patient survival are given in the result section;