Author's response to reviews

Title: Q fever endocarditis masquerading as Mixed cryoglobulinemia type II. A case report and review of the literature.

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Version: 2 Date: 13 December 2005

Author's response to reviews: see over
Dear Editor

We thank you and the reviewers for the valuable comments. We revise our manuscript in accordance with these guidelines. Please find a point-by-point discussion of their comments.

Reviewer 1

Major compulsory revisions
1. The length of the manuscript (case report through to discussion) was reduced.

Minor essential revisions
1. The PCR was performed on a blood specimen at the Department of Microbiology of the University of Athens. We thank Dr. N. Spanakis for providing details about the PCR. A Trans-PCR was performed using primers Trans1 (5’-TAT GTA TCC ACC GTA GCC AGT C-3’), Trans2 (5’-CCC AAC ACC TTC TTA TTC-3’) which flanked a 687-bp transposonlike repetitive region of the C. burnetti genome. Two internal primers were used as well namely Trans3 (5’-GTA ACG ATG CGC AGG CGA T-3’) and Trans4 (5’-CCA CCG CTT CGC TCG CTA-3’).

The following was added in the manuscript in lines 23 in page 5 through to line 3 in page 6. A Trans-PCR was performed using primers Trans1 (5’-TAT GTA TCC ACC GTA GCC AGT C-3’), Trans2 (5’-CCC AAC ACC TTC TTA TTC-3’) which flanked a 687-bp transposonlike repetitive region of the C. burnetti genome. Two internal primers were used as well namely Trans3 (5’-GTA ACG ATG CGC AGG CGA T-3’) and Trans4 (5’-CCA CCG CTT CGC TCG CTA-3’).

2. The overall duration of the doxycyclin-hydroxychloroquine therapy was five years.

Discretionary revisions
We added in the manuscript the following regarding the expertise of the md who performed the transesophageal echocardiogram: performed by an experienced board certified cardiologist (lines 21 and 22 in page 4).

Reviewer 2

Major compulsory revisions
1. No revision can be made in accordance with this comment.

Minor essential revisions
1. We think that neither the title nor the last sentence of the abstract can be modified as they convey key messages of our manuscript.

2. The method used for Q fever serology is indirect microimmunofluorescence [with the Q fever reagent by MRL (now Focus)]. This was added in the manuscript lines 19 and 20 in page 6. The serology was performed and is performed at Evangelismos Hospital, Athens Greece at the Department of Microbiology and we acknowledge the support of Dr. M Anagnostopoulou and Dr. K. Fountoulis during the years in the management of our patient. Further technical details cannot be provided for the ELISA as the primary care physician of the patient was unable to do so. The report of the ELISA testing does not include further technical details. Please see point 1 discussion by reviewer 1 in minor essential revisions regarding primer used in PCR.

Discretionary revisions
We added in the manuscript the following regarding the expertise of the md who performed the transesophageal echocardiogram: performed by an experienced board certified cardiologist (lines 21 and 22 in page 4).

Reviewer 3

1. The hospitals of admission for his present illness was specified in page 3, line 2 (the words <<at our hospital>> were added). The diagnosis of brucellosis was made
by his primary care physician. We did not add this detail in the manuscript for reasons of discretion and left this point unchanged in the manuscript (the word <<elsewhere>> was not changed). No serology was available for *Coxiella burnetii* from his first illness). The word <<the> was deleted from the sentence <<he received ciprofloxacin for the presumed brucellosis>>.

2. The word <<and>> was added before :1740 mg%.

3. The word <<and>> was added between the words VDRL and serological tests and between the words CMV and HIV.

4. A comment regarding *Bartonella spp* will be made in the discussion section as proposed by the reviewer.

5. Italics were reversed for the words at this time.

6. The words <<in blood>> were added in page 5, line 23

7. Italics were reversed for the words completely absent (page 7, line 3) and for the word modified in page 10, line 2).

8. The capitalization of the word presence was reversed.

9. Endocarditis due to the HACEK group is associated usually with large vegetations and thus we did not add a comment regarding this in our manuscript. Endocarditis due to *Bartonella species* is also associated with visible vegetations in 84%. As suggested by the reviewer the following comment was added in the discussion regarding Bartonella (page 9, lines 9,10,11). *Bartonella quintana* and *Bartonella henselae* are important causes of culture negative endocarditis with vegetations found in 84% of these patients [5]. Reference [5] was added in the reference section with a corresponding change in the number of the other references both in the text as well as in the references section.

10. We agree with the reviewer that this point is rather confusing (although true) and we deleted the words <<which is usually though self-limiting>>. The point the authors of references are making is that the recurrence is mainly serological and especially rare clinical.

We are looking forward to receiving your response.

Many thanks

Sincerely

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