Author's response to reviews

Title: Culture-negative bivalvular endocarditis with myocardial destruction in a patient with systemic lupus erythematosus: a case report

Authors:

    Brett R Laurence (Brett.Laurence@tuhs.temple.edu)
    Byungse Suh (bingsuh@temple.edu)

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Author's response to reviews: see over
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Vipin Zamvar, Royal Infirmary of Edinburgh
David Taggart, John Radcliffe Hospital
Journal of Cardiothoracic Surgery
236 Gray's Inn Road
London WC1X 8HB
United Kingdom

Dear Editors:

Enclosed you will find the manuscript “Culture-negative bivalvular endocarditis with myocardial destruction in a patient with systemic lupus erythematosus: a case report” to be considered for publication in the case reports section of Journal of Cardiothoracic Surgery. We present an atypical and severe presentation of marantic endocarditis requiring extensive cardiac surgery. All authors have contributed to this manuscript and have seen and approved it. This manuscript has not been published and is not being considered for publication elsewhere. Please see our responses below in regards to revisions suggested by our reviewer.

Corresponding Author:

Brett R. Laurence, MD
Temple University Hospital
Section of Infectious Diseases
3401 North Broad Street
Parkinson Pavilion, Suite 500
Philadelphia, PA  19140
T: 215-707-3807
F: 215-707-4414
Brett.Laurence@tuhs.temple.edu

Alternate Author:

Byungse Suh, MD, PhD
Temple University Hospital
Section of Infectious Diseases
3401 North Broad Street
Parkinson Pavilion, Suite 500
Philadelphia, PA  19140
Per the journal’s recommendation, here are our responses to the reviewer’s concerns.

1. The term "Marantic Devastation" is non-standard, and more suitable for a newspaper report than a medical journal - I suggest delete it from the title.

   The title has been amended as listed above.

2. Case Report: The interval between onset and diagnosis of SLE and this presentation should be specified.

   The interval has been specified as 12 years but due to the chronicity and inability to obtain records from an outside institution, we do not have the presentation at diagnosis of SLE available.

3. Page 4, last 3 lines: Suggest insert the normal ranges for the abnormal results; other results can be reported as normal.

   This has been corrected in the manuscript.

4. Page 5: Calcification is not suggestive of acute endocarditis; it is more likely associated with subacute, treated or healed endocarditis.

   The pathology was reviewed again with our Pathology department and their final report is more consistent with acute than subacute endocarditis.

5. Page 6: The investigator or lab (presumably Prof D. Raoult) who performed the "broad-range PCR" should be identified here.

   This has been added to the manuscript.

6. Page 6: Specify the interval between surgery and testing for Legionella antigen

   This has been added to the manuscript (interval was 5 months).

7. Page 7: Was C. burnetii really the etiology of endocarditis in "the majority" of all 348 patients in this study? Authors please check wording for accuracy.

   The study was reviewed again. C. burnetii represented 48% of infective endocarditis cases in the cohort.

8. This case report would be improved by inclusion of figures to show the unusual operative findings (photographs, or a diagram if no photos are available), and the
histopathology.

A histopathology photo has been included. There are no photographs of the operative field or gross pathology.

9. The term "Libman-Sachs endocarditis" is usually used for non-bacterial endocarditis associated with SLE. The authors should clarify the relationship between this term and the term "marantic endocarditis" and explain why they choose to use one over the other.

Libman-Sachs endocarditis is a type of marantic endocarditis commonly associated with SLE. We have made minor corrections to the terminology but they may at times be used interchangeably.

If you have any questions or require any additional information, please do not hesitate to contact me via email. Thank you for your consideration.