Author's response to reviews

Title: Treatment of gram-positive deep sternal wound infections in cardiac surgery -Experiences with daptomycin-

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Version: 2 Date: 13 August 2011

Author's response to reviews: see over
Dear Professor Zamvar,

Thank you very much for the revision of our manuscript. We enjoyed yours and the remarks of the reviewers, which improves our manuscript, and responded them point-by-point. Changes in the manuscript are marked in red color.

Best regards

Aron-Frederik Popov
Reviewer's report

Title: Treatment of gram-positive deep sternal wound infections in cardiac surgery - Experiences with daptomycin-

Version: 1 Date: 25 July 2011

Reviewer: prashant mohite

Reviewer's report:

1. Language editing

AW: Language corrections of the complete text were performed.

2. But Authors should comment about their view about starting Daptomycin since the diagnosis of DSWI instead of failure of other antibiotics. Also, they should recommend a controlled trial with use of conventional antibiotics against Daptomycin in the treatment of DSWI.

AW:
In our point of view it’s very difficult starting daptomycin since diagnosis of DSWI, because at this moment we do not have any microbiological results and daptomycin is not a first line antibiotic. A suspicious wound will be treated in our department with a standard microbiological protocol including amoxicillin and ciprofloxacin. If we observe a treatment failure and/ or the microbiological results shows sensitivity or resistance to other antibiotics, we change the antibiotic therapy according the microbiological results. Furthermore, some of the patients may develop a DSWI after discharge from the hospital and the majority of them are at the postoperative rehabilitation. If a patient develops a DSWI at the rehabilitation, we have no influence on the choice of the antibiotics, because they have their own microbiological protocol. This means, the patient is pre-treated before referral to our department.
The reviewer’s concern is correct. We included in the discussion section: “Furthermore, our single centre results suggest that further investigation, for instance in a multicenter trial, is needed to determine the specific role of daptomycin in the treatment DSWI.”

Reviewer's report

Title: Treatment of gram-positive deep sternal wound infections in cardiac surgery -Experiences with daptomycin-

Version: 1 Date: 3 August 2011

Reviewer: Morteza Tavakkoli Hosseini

Reviewer's report:

1. Language editing

AW: Language corrections of the complete text were performed.

2. The author has mentioned that some patients were pre-treated with some other antibiotics before commencement of Daptomycin. The author needs to elaborate more on this topic, in order to make the text more comprehensible and conclusive for the reader.

AW: We included in the discussion section: “Moreover, 74% of the patients were pre-treated with other antibiotics. In our point of view it’s very difficult starting daptomycin since diagnosis of DSWI, because at this moment we do not have any microbiological results and daptomycin is not a first line antibiotic. A suspicious wound will be treated in our department with a standard microbiological protocol including amoxicillin and ciprofloxacin. If we observe a treatment failure and/or the microbiological results shows sensitivity or resistance to other antibiotics, we change the antibiotic therapy according the microbiological results. Furthermore, some of the patients may develop a DSWI after discharge from the hospital and the majority of them are at the postoperative rehabilitation. If a patient develops a DSWI at the rehabilitation, we have no influence on the choice of the antibiotics, because they have their own microbiological protocol. This means, the patient is pre-treated before referral to our department.”
Reviewer's report

Title: Treatment of gram-positive deep sternal wound infections in cardiac surgery -Experiences with daptomycin-

Version: 1 Date: 5th of August 2011

Reviewer: Maria Pia Tocco

Reviewer's report:

Major Compulsory Revisions:

Language editing

AW: Language corrections of the complete text were performed.

1-It would be interesting to know, in the group of the patients who had daptomycin as a second-line therapy, how many patients had a staphylococci infection with a reduced vancomycin susceptibility. In other words, if the cause for the previous treatment failure was the presence of h-VISA (Heteroresistant - Vancomycin-Intermediate Staphylococcus). Furthermore, it would be interesting to include the vancomycin MICs.

AW:

Unfortunately, we have not these additional data. As we already mentioned in the abstract, this was an observational and the vancomycin susceptibility and vancomycin MICs is only available after request.

2- In the common use “Staphylococcus aureus” includes the Staphylococcus aureus methicillin resistant (MRSA) and the Staphylococcus aureus methicillin susceptible (MSSA). The authors need to use the name Staphylococcus aureus methicillin susceptible (Page 4, line10 and Page 8: Bacteriologic Findings).

AW:

The reviewer suggestions were included
3- The antibiotic therapy in the 11 patients affected by MSSA infection is not described. The first choice of antibiotic for MSSA is the oxacillin at the dosage of 12 gr/day; did the authors then use this antibiotic? The authors need to clarify the antibiotics used before starting the daptomycin treatment (Page 8 and 9: Antibiotic application)

AW:
A suspicious wound will be treated in our department with a standard microbiological protocol including amoxicillin and ciprofloxacin. If we observe a treatment failure and/or the microbiological results show sensitivity or resistance to other antibiotics, we change the antibiotic therapy according to the microbiological results. Furthermore, some of the patients may develop a DSWI after discharge from the hospital and the majority of them are at the postoperative rehabilitation. If a patient develops a DSWI at the rehabilitation, we have no influence on the choice of the antibiotics, because they have their own microbiological protocol. This means, the patient is pre-treated before referral to our department.

We included in the material and methods section (infection, page 6): “A suspicious wound will be treated in our department with a standard microbiological protocol including amoxicillin and ciprofloxacin. If we observe a treatment failure and/or the microbiological results show sensitivity or resistance to other antibiotics, we change the antibiotic therapy according to the microbiological results.”

Moreover we mentioned it in the discussion section (limitations) in the revised manuscript.

4- Page 3, line 13:”...Closed irrigation may be used, but eventually reconstruction with vascularised soft tissue or muscle flaps may be necessary”; the authors need to clarify the sentence: as the need to use flaps does not depend upon the use of closed irrigation.

AW: We change the sentence in “Closed irrigation may be used, but eventually reconstruction with vascularised soft tissue or muscle flaps can be necessary”