Author's response to reviews

Title: Community-acquired K.pneumoniae meningitis in an alcoholic patient with an infected pancreatic pseudocyst; a case report and review of literature

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Author's response to reviews: see over
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Re: MS: 112220389146571 – Community-acquired K. pneumoniae meningitis in an alcoholic patient with an infected pancreatic pseudocyst; a case report and review of literature.

Dear JMCR Editorial Team,

Thanks you for your comments on this manuscript which I found extremely helpful. I have made the following amendments

- Unfortunately, because of the large number of cases of K. pneumoniae meningitis it is not possible to summarise these in a table format. In the second paragraph of the discussion I have, however, referenced all cases occurring in Asia outside Taiwan in addition to those published reports of cases in Europe and North America.
- Co-amoxiclav is now referred to as amoxicillin/clavulanic acid and ‘tds’ defined as ‘thrice daily’ (case report, paragraph 1)
- As suggested, the comment that ‘the source of bacteraemia remained undefined’ has been elaborated upon. The abdominal CT scan was performed with contrast, there was no evidence radiologically of infection within the pseudocyst nor, indeed, evidence of cholelithiasis, extrinsic CBD compression and cholelithiasis.
- The dose of intravenous co-amoxiclav given was 1.2g tds, the maximum recommended dose in the BNF.
- Bacterial virulence factors, including reference to the magA gene, have been discussed more fully in the third paragraph of the discussion.

Best wishes,

Mark Melzer