Reviewer's report

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

Version: 3 Date: 22 September 2007

Reviewer: Scott Sinner

I am familiar with the literature and believe that this case meets one of the 7 criteria for evaluation in the journal: An unexpected event in the course of observing or treating a patient

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: Yes

Will the case report make a difference to clinical practice?: Yes

Comments to authors:

General

1 - At the end of the 1st paragraph of the case report, the comment that "the source of the bacteremia remained undefined" needs elaboration, since Klebsiella bacteremia from pancreatic pseudocysts had not previously been reported, but the patient’s symptoms did point to abdominal pathology in association with the bacteremia. Was the CT performed with IV contrast? If so, did the pseudocyst show rim enhancement consistent with infection (abscess)? Was there any evidence of cholecystitis or cholangitis, from either cholelithiasis or extrinsic duct compression from the pseudocyst?

2 - In the U.S., we do not have IV amox-clav, so I’m not familiar with drug levels obtained with the dosing you state. The analagous Rx, ampicillin-sulbactam, would typically be given at a considerably higher dose (3gm IV q6 hours) for this type of infection, if normal renal function. (I just wanted to understand if there might be a pharmacologic reason for the apparent failure of treatment, in terms of antibiotic dosing, apart from the issue of the source of the infection not being adequately controlled).
3 - Regarding the 2nd paragraph of the discussion, I believe at least 4 other cases of Klebsiella liver abscess and meningitis have been described outside Taiwan (F Braiteh, 2007; Y Honma, 2003; M Saccente, 1999; and T Yanagawa, 1989). I believe the prevalent thinking regarding particularly invasive Klebsiella infections seen in Taiwan is related to the presence of the magA gene, which confers increased resistance to killing by serum and phagocytes.

Revisions necessary for publication

Would strongly suggest noting the other case reports of liver abscess and meningitis outside Taiwan, as listed above. Would at least consider expanding upon the questions listed in item #1 above.

What next?: Accept after minor revisions

Quality of written English: Acceptable