Author's response to reviews

Title: Brucella bacteremia in patients with acute leukemia: two case reports

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Author's response to reviews:

Answers to the reviewers

Very happy day to you.

Thank you very much for the second review of our manuscript. We made the minor modifications requested and we did our best to answer all the questions you raised previously. With your help, the final form of the manuscript looks much better than the one initially submitted.

Here are the modifications made:

1- Abstract section/ Page 2 ; Case presentations:
   The abbreviation B. melitensis was omitted.

2- Case presentations / Page 6:

3- The spelling mistake in Campylobacter was corrected.

4- Few typing mistakes were found and they were corrected.

Note: All the new modifications were highlighted.

1- Answers to other specific comments raised during the first review:

A- The cases presented were reported from the Riyadh Armed Forces Hospital (RAFH) and not from King Faisal Specialist Hospital & Research Centre (KFSH&RC). The corresponding author works now at KFSH&RC. He was involved in the management of these 2 patients during his work at RAFH.

B- We never mentioned that we are the first authors to report brucellosis in acute leukemia. We mentioned in our discussion and in the letter addressed to the Editor-in-Chief that there are few case reports on brucella infection in acute leukemia. There are as well few other studies/reports on brucellosis in cancer and neutropenic patients. We did mention that cases of brucella bacteremia in acute leukemia patients are exceedingly rare and that our first case represents the first case report of brucella bacteremia in an AML patient.

C- Eser B et al reported 2 cases of brucellosis in acute lymphoblastic leukemia (ALL) [not acute myeloid leukemia- AML] patients and only one of them had positive blood cultures for brucella. Sari R et al reported three cases of brucellosis in three cancer patients [gastric and breast cancer] (ie not leukemia)
having febrile neutropenia. Özçay F et al reported 1 case of brucellosis in a child with ALL. Two of these studies/reports were included in the references of both versions of the manuscript [ref.4 & ref.5]. Furthermore, as mentioned clearly in the title of our manuscript that we are reporting 2 cases of brucella bacteremia [not brucellosis per se ie diagnosed by serology etc] in 2 patients with acute leukemia and we are not talking about febrile neutropenic infections only. We selected only 2 of these references because the other two are merely repititions of the two already mentioned and because we did not like to increase the number of references to a number that is not acceptable by the journal.

D- The second case is fascinating because of the following reasons:

1- The recurrence of brucella infection while the patient was not severely neutropenic and when his disease was under control.

2- Presentation with acute abdomen at the time of brucella sepsis.

3- Despite his reduced immunity, the patient was able to mount a brisk immunological response in the form of high antibogy titers. This was seen also in the first patient. This fact/finding has not been clearly described in other studies in immunocompromised patients.

Thank you once again for your valuable comments and suggestions.

Please accept the best regards and wishes of my co-author and myself

Khalid Al-Anazi