Author's response to reviews

Title: Stenotrophomonas maltophilia prosthetic valve endocarditis: Case report.

Authors:

Sophie S Bayle (sophiebayle@voila.fr)
Clarisse C Rivery (clarisse.rovery@medecine.univ-mrs.fr)
Pascal P Sbragia (pascal.sbragia@mail.ap-hm.fr)
Didier D Raoult (didier.raoult@medecine.univ-mrs.fr)
Philippe P Brouqui (philippe.brouqui@medecine.univ-mrs.fr)

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Response to the reviewers

Reviewer 1.

Has the case been reported coherently?
Since a presumably unique feature is the association with a peripheral catheter, I would want to know additional information about the length of time this catheter was in place and whether it was a peripheral intravenous line or a peripherally inserted central venous catheter. The catheter was in place for 6 days. It was a peripherally inserted catheter.

Additionally, in the discussion, the authors stress that clinicians need to be aware of strategies aimed of preventing catheter-related infections. If the catheter in the case presentation was a central venous catheter, the purpose for this catheter in a healthy patient admitted for delivery may be useful may be useful in further supporting the author’s conclusions. The catheter was a peripherally inserted catheter. Indication for this catheter was intravenous treatment with heparin for prevention of thrombosis of mechanical valve in relay of oral anticoagulant.

The case discussion state that the patient developed symptoms 3 days postpartum. I would want to know if this was an uncomplicated delivery versus a more complex one with several complications and a prolonged hospitalization as this latter situation may allow for additional healthcare exposures that may serve as risk factors for infections with nosocomial pathogens such as S. maltophilia. Delivery was not complicated, but the patient required prolonged hospitalization due to the relay of intravenous heparin therapy to oral anticoagulant therapy. This may have been additional factor for acquisition of nosocomial pathogen.

The duration of the patient’s hospitalization prior to infection would be helpful to further identify the case as community versus hospital-associated. Based on the discussion, it appears that the symptoms developed 3 days postpartum. Had the patient been in the hospital during those 3 days following delivery or had she presented as an outpatient (in which case, why did she have a catheter in place)? She was hospitalized in the unit of risk pregnancy five days before appearance of symptoms. She did not go outside the hospital. That is why we considered she had nosocomial infection.

Additional details about the admission history, the diagnosis of a peripheral catheter-related infection and the echocardiography are needed in order to provide a more convincing case presentation. The case presentation states that the patient presented with a peripheral-catheter-related infection. How was this diagnosis made, was it presumed or where there signs of a catheter infection (i.e. phlebitis) when the patient presented? Inflammatory induration at the site of the catheter induration was in favour of local phlebitis and infection.

In addition, it is unclear at what point in the hospitalization the echocardiogram was performed. Echocardiogram was performed one day after the appearance of fever. Since a repeat echocardiogram at day 8 was negative for vegetation, it can be inferred that the initial echocardiogram was done early in the admission, in which case it would be unusual for 2 vegetations to have developed so quickly. The size of the 2 vegetations on the initial echocardiogram should also be noted. We added size of the vegetation.
Is the case persuasive?

Since the unique aspect of this case is the association of a peripheral catheter with *s. maltophilia* bacteremia and subsequent valve endocarditis, additional details in the history need to be provided. I think that the authors’ conclusions about the importance of preventing intravascular device-related bloodstream infections should be strengthened with the following additional information: (1) reason for catheter insertion, (2) duration of catheter presence, (3) duration of patient’s hospital stay for delivery, (5) method of diagnosing a catheter-related infection and, (5) clarification of the onset of bacteraemia (i.e. community or hospital-acquired. **All these points have been clarified in the manuscript.**

In the discussion, the authors appropriately state that clinicians need to adhere to publish guidelines for preventing intravascular device-related bloodstream infections. I would provide additional details in the case discussion about the peripheral catheter for this patient (duration it was in place, reason for placement, peripheral intravenous line versus peripherally inserted intravenous catheter). I would also underscore how concerning the case is – a relatively healthy pregnant woman became febrile following delivery and developed was likely a hospital-acquired bloodstream infection with an unusual pathogen, an organism typically seen in immunocompromised hosts with prolonged hospitalizations, and that this infection arose from a peripheral catheter. Along these lines, if the line was a peripheral intravenous line, this would be a concerning aspect to this presentation. If the infection is due to a peripheral intravenous central venous catheter, one could ask why a healthy patient hospitalized for delivery had a central venous catheter. Overuse of these catheters could also be a point to emphasize. **These modifications have been done in the text.**

**Needs some language corrections before being published.** English language corrections have been done.

Reviewer 2.

Revisions necessary for publication:

Grammatical errors and spelling mistakes require correction. In addition, attention to the use of accurate medical terminology should be” addressed. For instance, ‘a venous line infection’ should be replaced by an ‘indwelling catheter’, and ‘large spectrum’ with broad-spectrum. Phrases such as pyrexia was obtained are confusing. **Changes have been made.**

Introduction/ the first sentence requires a reference. **Reference has been added.**

Case presentation: ‘she was pregnant and three days after delivery’ requires revision. **Revisions have been made.**

What does valve desinsertion mean? **Change has been made.**

Gentamicin is misspelled. **Corrections have been made.**
What does imipenem associated with gentamicin mean? Simply state that imipenem and gentamicin were administered. **Changes have been made.**
What do (per os after apyrexia) mean? **Changes have been made.**

Define mg/J. **Changes have been made.**

Ceftazidime and cefepime are frequently effective. TMP-SMZ and ticarcillin-clavulanic acid are the only agents with consistent therapeutic activity; however, the authors state that cephalosporins and anti-pseudomonal drugs are not useful. This requires revisions. **Corrections have been made.**

Table: each case reported should be appropriately referenced. Why is reference 6 listed for all the cases in the table? **This is a mistake. We corrected it (reference 3 instead of reference 6). We are limited to 10 references.**

Nbeeds some language corrections before being published. **This has been done.**