Author's response to reviews

Title: Pericardial effusion due to Francisella tularensis with a cross reaction with Legionella pneumophila: a case report.

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Author's response to reviews: see over
Dear Editor,

Please find enclosed the revised manuscript entitled « PERICARDIAL EFFUSION DUE TO FRANCISELLA TULARENSIS WITH A CROSS REACTION WITH LEGIONELLA PNEUMOPHILA ». The final version of this manuscript has been approved by all co-authors.

We would like first to thank the reviewers for their pertinent advises. Every reviewer’s comments have been taken into account. This is detailed in the annexed letter.

Comments to reviewers

Please find enclosed the revised manuscript entitled "PERICARDIAL EFFUSION DUE TO FRANCISELLA TULARENSIS WITH A CROSS REACTION WITH LEGIONELLA PNEUMOPHILA".

Every reviewer’s comments have been inserted in the text, as advised:

- **Reviewer .#1:**

  1. *the case report is poor*. The patient was hospitalized during her summer vacation in a small hospital in the French Alps. The diagnosis was made 2 months later during a specialized consultation in our department of clinical microbiology in Marseille. This information has been added. This explains why much clinical information during the onset of the disease were not known. However, available information such as ECG, blood count were added as follow. 

"Electrocardiogram"
showed depression of PR segment, moderate sinus tachycardia and diffuse ST segment elevation which concave upward present in anterior leads. Her serum C-reactive protein level and erythrocyte sedimentation rate (first hour) were high, 186 mg/L and 130 mm/h respectively as well as white cells blood count 12G/l.

2. Why did they not puncture the effusions and performed microbiological tests including PCR?: As previously described, the patient was not hospitalized in our hospital. Puncture was not performed because the patient rapidly improved within few days with antibiotics and oxygen therapy.

3. Did the author make a TB skin test or an interferon test?: None of these tests were performed.

- **Reviewer #2:**

4. Not one sentence is allocated to genetic identification of bacteria or bacterial DNA in patient samples. This information has been included in the discussion as follow. “Due to achievements from work on modern technology, however, tularemia can now be rapidly and specifically diagnosed. Conventional PCR has been successfully applied on wound specimens of patients acquiring tularemia, and prospects for application on other human specimens are promising...”.

We hope these modifications will help in accepting our manuscript for publication.

Sincerely Yours,

*Didier Raoult, MD, PhD*

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