Reviewer's report

Title: Isolated tropheryma whipplei tricuspid endocarditis: a case report and review of the literature

Version: 1 Date: 22 February 2010

Reviewer: Florence Fenollar

Which of the following best describes what type of case report this is?: Unexpected or unusual presentations of a disease

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: 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

Is the anonymity of the patient protected?: Yes

Comments to authors:

Gabus et al. reports the case of an isolated Tropheryma whipplei tricuspid endocarditis.

- General comments:
This case report is interesting. It described a patient with an endocarditis due to T. whipplei.

This bacterium is mainly known to be responsible of Whipple’s disease characterized by histological involvement of small-bowel but recently it has been described to cause localized or isolated infections, such as blood culture negative endocarditis, without this histological involvement; it has been also detected in the stools and saliva of healthy carriers. I think that this case report
should be published after few revisions.

- Revisions necessary for publication:

1. Abstract, introduction, line 3 and introduction 8: “Endocarditis was the initial presentation of only few cases.” It is absolutely not proven that isolated T. whipplei endocarditis is the initial presentation of classic Whipple’s disease, that is characterized by a histological involvement of small-bowel with positive PAS-staining biopsies. Indeed, endocarditis due to T. whipplei can occur either in the setting of classic or systemic Whipple’s disease or as isolated endocarditis without histological evidence for systemic Whipple’s disease.

2. Introduction, line 2: The author should explain that the bacterium has been renamed after its first culture and characterization.

3. Case presentation: We have no information about the procedures for serology and PCR. For example, basic information are necessary for molecular diagnosis: Which sequence has been targeted – broad spectrum or specific for T. whipplei, or both? Which primers have been used? How the identification of T. whipplei has been confirmed – sequencing or specific probe? At least, the authors should refer to a manuscript if these techniques have been previously published.

4. Case presentation: At which dose all the antibiotics have been prescribed?

5. Discussion: The authors should clarify the current strategy to perform the diagnosis of T. whipplei endocarditis. Indeed, they should underline that the diagnosis of isolated T. whipplei endocarditis is mainly made from the excised valve tissue and is regularly missed if molecular techniques are not applied (as this entity most often does not fulfill the Duke criteria). The main problem with PCR performed on blood for patients with T. whipplei endocarditis is the lack of sensitivity. The diagnosis of endocarditis due to T. whipplei occurring in the setting of classic Whipple’s disease can be easily made from the small-bowel biopsy that will be positive on PAS-staining.

6. Discussion: “The etiological role of Tropheryma whipplei in this right-sided endocarditis is absolutely clear.” There is of course a link between Tropheryma whipplei and the endocarditis but the authors should discuss if their patient presents an isolated T. whipplei endocarditis or an endocarditis due to T. whipplei occurring in the setting of classic Whipple’s disease. Currently, it is difficult to have a definite diagnosis as no small-bowel biopsies have been analyzed using PAS-staining for this patient and there is some arguments in favour and against the two diagnoses...The follow-up and the management of these two entities are not the same...

7. Discussion: This sentence is confuse: “By analogy with what is known for Coxiella burnetii, the association of a lysotropic agent (hydroxychloroquine) to doxycycline and sulfamethoxazole/trimethoprim intends to reduce the pH of the Tropheryma whipplei containing vacuole and thus improve the efficacy of doxycycline (inactive at lower pH).”

The interest of the association of doxycycline and hydroxychloroquine must be
explained in one sentence. In another sentence, the authors should tell that among sulfamethoxazole/trimethoprim only sulfamethoxazole is active and trimethoprim is absolutely not effective against T. whipplei; thus this association is a monotherapy.

8. Finally, the authors should may be updated their reference adding this recent reference about T. whipplei endocarditis: “Escher R et al. Endocarditis due to Tropheryma whipplei: rapid detection, limited genetic diversity, and long-term clinical outcome in a local experience. Clin Microbiol Infect Sept 2009.”

Quality of written English: Acceptable

Declaration of competing interests:

I declare that I have no competing interests