Author's response to reviews

Title: Mycotic aneurysm of the inferior gluteal artery caused by non-typhi Salmonella in an HIV-infected patient: a case report

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To the Editors:

We appreciate the reviewers’ perceptive and helpful comments regarding our submitted manuscript titled “Mycotic aneurysm of the inferior gluteal artery caused by non-typhi Salmonella in an HIV-infected patient: a case report.”

We have commented that aspiration of pulsatile lesions is not recommended and that an ultrasound should be obtained as part of the initial evaluation.

Both reviewers asked if the tissue specimen was sent for culture. It is not the usual practice of the hospital laboratory, operating in a resource-limited setting, to incubate tissue specimens for culture. We did clarify that the blood culture was performed using the aspirate of the lesion. We cannot rule out the possibility of incidental and unrelated salmonella bacteremia. There exist a number of reasons to conclude that the bacteremia was responsible for the lesion in this case: the rarity of inferior gluteal artery aneurysms; the lack of trauma, instrumentation or other cause for the vascular anomaly; and the known occurrence of salmonella-induced mycotic aneurysms of large arteries. We agree that culture of the tissue specimen would have been helpful; however, it is also possible that incidental bacteremia could have seeded a pre-existing aneurysm produced through another mechanism—although what mechanism in this extremely rare lesion is not clear.

The above discussion has been added to the revised manuscript.

Per the editors’ request, we have clarified the race and ethnicity of the subject.

Thank you for your consideration.

Sincerely,

Jon Fielder, MD