Reviewer’s report

Title: Liver and brain abscess caused by Aggregatibacter paraphrophilus in association with a large patent foramen ovale: a case report

Version: 1 Date: 27 October 2009

Reviewer: Georgios Stathopoulos

Which of the following best describes what type of case report this is?: Findings that shed new light on the possible pathogenesis of a disease or an adverse effect

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?: No

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:

Re: 'Liver and brain abscess caused by Aggregatibacter paraphrophilus in association with a large patent foramen ovale: a case report'
Shaumya Ariyaratnam, Parag R Gajendragadkar, Richard J Dickinson, Phil Roberts, Kathryn Harris, Andrew Carmichael and Johannis A Karas
Journal of Medical Case Reports

COMMENTS TO AUTHORS

With interest I read the above-referenced manuscript describing a case of Aggregatibacter paraphrophilus-induced liver and brain abscess. The case report is concise, informative, and holds clinical and educational value. However, the
overall presentation could be further improved by revisions to the original manuscript, as detailed below:

1. Clinical jargon should be replaced by more appropriate nomenclature at some points, eg. “co-amoxiclav 1.2 g 8 hourly” in para 3 of case presentation should be given as “amoxicillin/clavulanic acid 1.2 g every 8 hours”. Another example is “orthopantomogram”, which should probably be best given as dental panoramic tomography.

2. The case presentation is exhaustingly detailed at some points, and could be considerably shortened.

3. The most interesting aspect of this case is the existence of the PFO, which probably facilitated right to left dissemination of the pathogen with paradoxical embolization to the brain. This fact of cerebral abscess associated with a PFO (Neurosurgery 2001;49:204-6; J Med Case Reports 2007;1:68; etc) is not thoroughly discussed and referenced in the discussion.

4. Fig 2: Instead of the CT, display of the abdominal X-ray, including a close-up, would be more informative for the reader.

Quality of written English: Acceptable

Declaration of competing interests:

'I declare that I have no competing interests'