Reviewer's report

Title: Endocarditis caused by oxacillin-susceptible Staphylococcus aureus with reduced susceptibility to vancomycin? First report in Argentina: a case report.

Version: 1 Date: 4 July 2010

Reviewer: Efthymia Giannitsioti

Which of the following following best describes what type of case report this is?: None

Has the case been reported coherently?: No

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?: No

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: No

Will the case report make a difference to clinical practice?: No

Is the anonymity of the patient protected?: Yes

Comments to authors:

Please find below my comments on your manuscript entitled "Endocarditis caused by oxacillin susceptible Staphylococcus aureus with reduced susceptibility to vancomycin? First report in Argentina: a case report"

1) Quality of English is a serious impediment to understanding: the text should be re-addressed (including title) in order to achieve international standards of writing.

2) This case presents severe methodological issues: i) Initial TEE revealed vegetations" with abscess", a finding not confirmed in the following TEE. However, cardiovascular surgery is indicated in case of endocarditis with valve abscess (ESC & ESCMID guidelines, Eur Heart J, 2009). ii) Spondylodiskitis as a secondary focus of S. aureus bacteremia was treated for a shorter period of
time than recommended, a fact that might influence re-emergence of bacteremia and endocarditis. iii) In patients pre-treated with antibiotics, negative cultures from spiner aspirates cannot exclude staphylococcal infection. iv) Methodology of heteroVISA identification should be more analyzed. Time kills need clarification, especially for SAS-3 strain that is not mentionned into the text, only in the figure.

v) HeteroVISA strains sometimes present a reduced susceptibility to rifampicin. Recent data on h-VISA bacteremia and endocarditis (eg Bae et al, JID 2009;1357, Musta et al, JCM 2009;47:1040, Maor et al JID 2009;199:619) should be discussed and be added at the references.

vi) A series of vancomycin trough levels- if available- during initial treatment and treatment at re-admission would add power to the current manuscript. If the patient’s vancomycin levels followed recent recommendations (IDSA executive summary, CID 2009), then the authors could suggest the presentation of an initial S. aureus sub-population. If vancomycin levels were not consistent with guidelines, then, S. aureus sub-populations might arise during therapy and trigger vancomycin treatment failure.

**Quality of written English:** Not suitable for publication unless extensively edited

**Declaration of competing interests:**

I declare that I have no competing interests