Author's response to reviews

Title: Self-induced Elizabethkingia meningosepticum endophthalmitis: a Case Report

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Version: 3 Date: 16 September 2010

Author's response to reviews: see over
Cover Letter

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To the Editor,

Please find attached our re-submission entitled “Self-induced Elizabethkingia menigosepticum endophthalmitis: a case report” which we are pleased to submit for reconsideration in the Journal of Medical Case Reports. We believe that the manuscript presents a rare and unusual case of endophthalmitis and is improved with the reviewers’ and editorial input. The case report highlights the importance of close ocular and medical history especially in the context of the associated microbiological diagnosis. We have addressed all the individual concerns (detailed below) and look forward to hearing the outcome.

Many thanks for considering this re-submission for publication.

With best wishes,

Paul Connell

Primary and corresponding author
Response to reviewer’s comments

Reviewer 1
General Comments.

I read the case report with interest. The authors report a case of traumatic endophthalmitis from a rare bacterial source, Elizabethkingia meningoseptica. They describe the presentation, diagnostic evaluation, treatment course, and outcome. Overall, the text is well-written, informative, and interesting. There are only a few comments which require attention:

R
Many thanks for your time and interest in reviewing our article. We believe that in our resubmission we have addressed the concerns of reviewer 1 and included in our resubmission as commented below.

1. Were there any signs of penetrating ocular trauma on examination? (eg, a scleral laceration, corectopia, cataract, etc) This is not clear upon reading the manuscript.

R
There were no signs of penetrating ocular trauma at presentation- specifically no scleral perforation, corectopia or lenticular opacity was observed. This has been added in the resubmission.

2. What is the differential diagnosis of E. meningoseptica? Are there other organisms that may have similar criteria to those elaborated upon in the manuscript (eg, Gram negative, oxidase positive, sheep blood agar positive)? Is it not unusual for E. meningoseptica to grow so readily on MacConkey agar?

MJW

There are a number of oxidase positive, indole positive yellow pigmented non fermenting Gram Negative rods and these include Chryseobacterium, Elizabethkingia, Empedobacter and unnamed CDC groups. The pigment colour produced by Elizabethkingia is less intense than that produced by Chryseobacterium.

In addition, in the laboratory we used an automated identification system- VITEK 2. The VITEK 2 testing utilizes 47 biochemical tests including 19 enzymatic tests. Test results are interpreted in kinetic mode. The biochemical profile is then scrutinized by a data base that allows identification of 159 different
taxonomic groups. The specificity in relation to Elizabethkingea in the VITEK 2 identification has been reported to be up to 99%. 89% of Elizabethkingia have been shown to grow on MacConkey agar.

3. Please provide a source for the chosen antibiotic regimen (oral rifampicin and ciprofloxacin) described in the text.

R Added in re-submission

4. Please report the final visual acuity in the body of the text.

R This has been added in resubmission.

5. References 16 and 17 are cited in the body of the text, yet they are not listed in the References section.

R This has been amended in our resubmission

6. The final sentence prior to the conclusion is confusing: Which report is the first to describe this, the authors' or the one involving the road traffic accident?

R This is amended in the resubmission

7. Please elaborate on the features of E. meningoseptica that are specific and consistent with ocular self-mutilation using needles.

R The natural habitats of Elizabethkingia include soil, plants, foodstuffs and water sources- the organism is ubiquitous and environmental contamination of a needle could readily occur. In this situation contamination could be seen to be similar to that which occurs with Bacillus cereus, a pathogen readily associated with endophthalmitis.

Reviewer 2-
No individual comments to address

Editorial Input

In addition to the concerns raised by the reviewers, please also address the following editorial requests:
Please include the study design in your title, i.e. Case report. For example: A presenting with B in C: a case report
R This is added in the resubmission

The full names, institutional addresses and email addresses for all authors must be included on the title page. The corresponding author should also be indicated.
R This is added in the resubmission
Please include a figure title and legend section after the reference list
R This is amended in the resubmission

Please also highlight (with ‘tracked changes’/coloured/underlines/highlighted text) all changes made when revising the manuscript to make it easier for the Editors to give you a prompt decision on your manuscript.
R This is added in the resubmission