Author's response to reviews

Title: Salmonella enterica subps. arizonae: a European perspective. A case report and review of the literature.

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Author's response to reviews: see over
The JMCR Editorial Team

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Dear Editor:

Attached please find the revised text of our manuscript with a point-by-point reply to the reviewers.

Do not hesitate to contact me for further details

Kind Regards

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Reviewer #1

1. Question: are we able to define a recommendation on the duration of antibiotic treatment?

Reply: In the IDSA Practice Guidelines for the Management of Infectious Diarrhea (Clin Infect Dis 2001; 32:331-50), for non-typhi species of Salmonella, in immunocompromised patients the authors recommend at least 14 days of treatment, and longer if relapsing. Our patient had a severe immunodepression with hypoglobulinemia and a previous history of Hodgkin lymphoma treated with an autologous bone marrow transplantation. Data from the literature report cases of infection relapsed even after 21 days course of treatment. Moreover, among HIV infected patients international guidelines (MMWR Recomm Rep 2004; 53:1-112) recommend for mild gastroenteritis without bacteremia 7-14 days of treatment, and with bacteremia 4-6 weeks treatment. Therefore, we could say that although there are no randomised controlled trials, the lack of recurrence in our patient suggest that 28 days was an appropriate course length in this kind of patient. We added this sentence in the text.

2. Question: do you recommend faecal cultures after treatment?

Reply: In asymptomatic patients, faecal stools are not necessary as even if Salmonella is detected, there is no evidence for treating asymptomatic carriers. For patients with severe hypoglobulinemia and immunodepression who have had a symptomatic infection, it could be advisable to monitor gastrointestinal carriage to perhaps predict the likelihood of a relapse, for example if the patient got a late recurrence of diarrhea. Of course, this is our personal opinion.

Reviewer #2

1. There are too much authors for a case report.

Reply: Perhaps the number of 8 authors seems too much, however this case was quite complex and required collaboration of many researchers. We feel that the final number of authors is justified.


Reply: Besides the Vitek2 identification we performed also phenotypic typing by using API 20E system (BioMérieux). This was added in the text.

3. The discussion describes some biochemical traits of Salmonella enterica subsp. arizonae but the reader should learn how he can find these bacteria in stool specimens because they are positive for lactose.

Reply: It is important to underline that although some strains of Salmonella enterica subsp. arizonae are lactose fermenters, this is only 15% (Reference: Koneman's Color Atlas and Textbook of Diagnostic Microbiology, Sixth Edition, 2006). In our case, the Salmonella isolate did not ferment lactose within the first 24 hours, but subsequently it slowly fermented lactose thereafter. In
our experience, in such cases, it is recommended not discard these coliforms as non-pathogens, but to observe them for 48-72 hours. This was clarified in the text.

Special comments

1. Abstract: The abstract is too long for a case report
   Reply: we shortened the abstract

2. Case presentation
   a. The year and month of admission should be mentioned.
      Reply: we mentioned them in the text
   b. The identification must be described so that a microbiologist can believe that this Salmonella sp. is Salmonella enterica subsp. arizonae.
      Reply: we added it in the text as said above.

3. Discussion and conclusions
   a. Enterobacteriaceae is written in italics.
      Reply: it has been corrected.
   b. The exact procedure to find Salmonella enterica subsp. arizonae should be indicated.
      Reply: it was added as specified above.
   c. References 3 and 4 should be replaced by newer ones.
      Reply: we replaced reference 3 and erased reference 4.