Reviewer's report

Title: Rhodococcus Equi indwelling catheter infection: a case report

Version: 1 Date: 24 March 2010

Reviewer: Shanta Zimmer

Which of the following following best describes what type of case report this is?: New associations or variations in disease processes

If other, please specify:

While the emergence of Rhodococcus as a pathogen in immunocompromised patients is not new, the finding of this infection as a catheter-related bloodstream infection in a non-neutropenic patient with malignancy has not been commonly described.

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?: Yes

Will the case report make a difference to clinical practice?: Yes

Is the anonymity of the patient protected?: Yes

Comments to authors:

1. The authors should emphasize the points that make this case unique.
2. The clarity of the case can be improved by attention to grammatical and spelling errors throughout. Standardize use of "catheter-related bloodstream infection."
3. Include information about laboratory tests for the patient, especially the WBC and differential. Consider adding photograph of the grams stain or colony growth on the plate.

4. Add discussion of the fact the patient's blood cultures may have been negative because of prior antibiotic treatment, especially vancomycin. List any other antibiotics she may have received prior to presentation.

5. The discussion of virulence factors and molecular mechanisms of virulence is important but not clearly written.

6. Rifampin is not a macrolide antibiotic.

7. Include the resistance profile of the organism isolated in this patient and discuss why antibiotic regimen was selected.

8. Infections in transplant patients are mentioned in the introduction but not further discussed. T cell dysfunction as a mechanism of increased risk for infection should be highlighted.

9. Authors state in the conclusion that two antibiotics are recommended after IV therapy, but that is not what they did for their patient, and this point is somewhat disputed. Would consider discussion of the literature supporting or refuting this approach.

**Quality of written English:** Needs some language corrections before being published

**Declaration of competing interests:**

I declare that I have no competing interests.