Author's response to reviews

Title: Pseudoclavibacter-like infection: a case report

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Version: 2 Date: 8 July 2011

Author's response to reviews: see over
Comments to authors:

Dear Editor,

Please find enclosed a revised version of MS: 1487784013533127 – “Pseudoclavibacter-like infection: a case report” along with the answers of the authors to the reviewer’s remark.

general comments: this is an interesting case report underlining the clinical relevance of previously uncultured bacteria.

minor revisions:

line 36: it should be spelt "Pseudoclavibacter-like". Corrected (line 36).

line 51: please insert "the" before "right leg". Done (line 51).

line 63-70: do you have any explanations for the discrepancy of the microscopic and the culture results of the subcutaneous swab specimen? The most likely hypothesis is that prescribed antibiotics selected the Pseudoclavibacter, while inhibiting the growth of companion organisms. This point was already developed (lines 111-112).

Was the Staphylococcus aureus isolate previously found in the wound susceptible to clindamycin? Yes, this point is now precised (line 55).

Have you performed a broad-range PCR directly from the subcutaneous swab and if so, was there a mixed signal of the electropherogram indicating the presence of more than one microorganism in the wound? No, PCR-sequencing was done only on colonies for identification.

line 72: if available, I would report the minimal inhibitory concentrations of the antibiotics tested. Why did you consider clindamycin and metronidazole resistant?
The authors now provide the MIC for in-vitro susceptible antibiotics. They now precise that clindamycin and metronidazole disks yielded no inhibition-growth zone at all (line 74).

As the authors answered all the reviewer’s comments and they corrected the manuscript accordingly, they hope that this revised version will be accepted for publication in the JMCR.

Sincerely,

Prof. M. Drancourt MD, PHD.

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