Author's response to reviews

Title: Chlamydia pneumoniae ARDS: successful treatment with extracorporeal membrane oxygenator; a case report and diagnostic review.

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Version: 4 Date: 19 September 2011

Author's response to reviews: see over
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*Chlamydophila pneumoniae* ARDS: successful treatment with extracorporeal membrane oxygenator; a case report and diagnostic review.

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Version: 2 Date: 19 September 2011

Author's response to reviews: see over
Dear Professor Kidd,

To the Biomed Central Editorial Team

Object: MS: 7937820535623329- Chlamydia pneumoniae ARDS: successful treatment with extracorporeal membrane oxygenator; a case report and diagnostic review. Dr David De Bels et al.

Thank you for consideration of our manuscript for publication in your journal. We have reviewed the above manuscript according to your reviewer’s comments.

*English has been revised. All modifications have been highlighted in the manuscript.*

**Reviewer 1**

Which of the following best describes what type of case report this is?: Unexpected or unusual presentations of a disease.

*Answer: “unusual” presentation of a disease best describes the type of case report presented here.*

**Reviewer 4**

DISCUSSION: In reviewing the revised manuscript, I found that the authors did not answer my points sufficiently regarding the use of ECMO in severe ARDS. I insist that the authors should discuss more extensively this issue referring to the most recent bibliography (see below). The issues that would be gone through are: methodology, rationale (based on physiological points e.g. the rest
and/or protection of the lung), types (with or without pump, removal of CO\textsubscript{2}), timing of application, implementation during transfer, experience from other countries (Italy). The discussion about the ECMO would be advisable to be 2 pages more or less. In this way a fine balance between it and the extensive discussion on the diagnosis of the pneumonia could be nicely achieved.

a) Intensive Care Medicine 2011;37(9):1447-57
b) Crit Care Clin 2011;27(3):627-46
c) Crit Care Clin 2011;27(3):609-25
d) Current Opin Crit Care 2011 Aug 5 (epub ahead of print)
e) Perfusion 2011;26(1):7-20
f) Semin Cardiothorac Vasc 2009;13(3):146-153

The discussion section on the use of ECMO has been extensively revised and pertinent references have been added.

CASE REPORT In the 5th paragraph I would suggest to write down only the laboratory findings without the characterizations acute Renal Failure (ARF), rhabdomyolysis etc. I am personally not convinced that the patient had Disseminated Intravascular Coagulation with PLT 166000 and INR normal or ARF with creatinine 1.7 with no comments on urine output (RIFLE criteria).

Answer: Laboratory findings have been modified according to the reviewers’ comments. Urine output has been added.

We hope that the answers to the reviewers’ remarks make our paper more understandable and that it is now possible to accept it for publishing in the Journal of Medical Case Report.
Yours sincerely,

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