Author's response to reviews

Title: Spontaneous tibiotalar arthrodesis: a complication of acute tibial osteomyelitis due to Panton Valentine Leukocidin producing Staphylococcus aureus

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Author's response to reviews:

We should like to thank you for your e-mail of the 26 April in which you have kindly invited us to submit a revised version of our above-mentioned manuscript.

We should like to thank the reviewers very much for their interest and their thoughtful comments on our paper. Their comments have stimulated a careful new reading of our paper, and this has allowed us to improve the quality and the fluidity of our text.

As requested, we attach herewith a point-by-point response to all the reviewers’ comments.

Sincerely,

Ceroni Dimitri

Reviewer’s queries answers

1. Reviewer: Dietrich Hasper

To my knowledge Staph aureus is not routinely tested for PVL+.

Is this the case in the author’s hospital?

No; this testing has to be requested specifically.

Otherwise, under which circumstances the authors would advice such testing?
We advice to perform such testing for the clinical cases in which the infection seems to be more aggressive and extended. In fact, PVL+SA infections of bone and joints induce more often a concomittant myositis or pyomyositis than PVL-SA infections; furthermore the bone infections are more severe presenting extended diaphysitis and bone abcesses, and cause more complications.

2. Reviewer: Ralph-Peter Vonberg

Paragraph “case report”:

Use generic labels if possible (“gentamicin” instead of “garamycin”):

Done as suggested

Do you always check all S. aureus isolates for PVL positivity via PCR?

No, this testing is complementar and it is left to the medical practitioner to decide whether the infection requires such investigation. As said before, the infections due to PVL+SA seem to be more aggressive and extended. In fact, PVL+SA infections of bone and joints induce more often a concomittant myositis or pyomyositis than PVL-SA infections; furthermore the bone infections are more severe presenting extended diaphysitis and bone abcesses, and cause more complications.

Paragraph “discussion”

What should be done different if it turned out as a PVL negative S. aureus strain?

Probably less surgical revisions (extensive cleaning of the bone) under general anesthesia...