Author's response to reviews

Title: Sulfonamide resistance in a disseminated infection caused by Nocardia wallacei: a case report

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Author's response to reviews: see over
Dear Editor,

On behalf of my colleagues, I would like to submit to your Journal of Medical Case Reports this revision (V3) of a case report entitled “Sulfonamide Resistance in Disseminated Infection caused by Nocardia wallacei: a case report”.

February 22, 2013

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Response to the reviewer Patricia PS Conville:

Thank you for your comments. We expect that our responses will suit you.

- We changed the reference with the more recent review by Wilson JW.

- We totally agree with the fact that the reference method for determining MIC in non-fastidious microorganisms is the broth microdilution technique as described in the ISO standard. This is based on the standardized methods published by EUCAST (European Committee on Antimicrobial Susceptibility) and CLSI (Clinical Laboratory Standards Institute, U.S.A.). For fastidious bacteria like Nocardia spp., the EUCAST is currently establishing testing conditions for susceptibility testing. Up to now, our laboratory uses disk diffusion testing with local zone diameter correlations to MIC breakpoints. According with your comments, we removed MIC’s values from the manuscript except for TMP-SMX which was the only antibiotic tested by microdilution.

- We modified the text taking into account the citation’s results in which disk diffusion provided more reliable results than microdilution.
Response to the reviewer Joseph I. Harwell:

Thank you for your comments. We expect that our responses will suit you.

- HIV serology was negative as added in the text. There was no chronic disease. Immunological tests were not performed.

- We tried to clarify the time course of her illness. The patient was transferred from a tertiary hospital. We totally agree with the fact that the initially treatment with ceftriaxone 1 gram (but also secondary treatment with imipenem and amikacin for which resistance was documented) has worsened the disease.

- The linezolid was prescribed 2 weeks before the worsening and 2 weeks after the surgery. The role of linezolid in the improvement of symptoms appears less probable. On the other side, surgical drainage of her abscesses certainly have had an important role in the improvement. Nevertheless, prolonged antibiotics are recommended even after surgery. In our case, sulfonamides have been prescribed for 6 months alone without episode of recurrence.

- Unfortunately, imaging studies have been performed at the end of treatment (just before the cessation of moxifloxacin).
This manuscript has been prepared and approved in its present form by all the mentioned authors.

Thank you for your time in reviewing this revision. We remind you our interest in your review of our manuscript and our availability if any question should arise regarding this submission or during the review process.

Sincerely yours,

Dr Cassir