Author’s response to reviews

Title: Chryseobacterium indologenes in a woman with metastatic breast cancer, United States: a case report

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Version: 3 Date: 15 May 2013

Author’s response to reviews: see over
May 13, 2013

The Editorial Team
Journal of Medical Case Reports

RE: 1975818697937473, entitled "Chryseobacterium indologenes in a woman with metastatic breast cancer, United States: a case report"

Dear Editors,

Many thanks to the editorial team and manuscript reviewers for providing helpful comments and suggestions. We gratefully accept all of the suggested revisions which have been made to the document in track changes and included as an itemized, point-by-point response in this letter. Again, many thanks for your editorial suggestions.

Sincerely yours,

Seema Yasmin, MB BChir
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Responses to the editor’s comments:
Please include the ethnicity of the patient in the abstract and in the main case presentation section of the manuscript.
Response: the ethnicity has been added to the abstract and main case presentation section.

Please use the term female in describing the patient’s gender both in abstract and case presentation sections.
Response: this change has been made.

Please replace dates found in the case presentation to the amount of time this occurred before the presentation of the case report.
Response: this change has been made.

Responses to reviewer 1:
In the introduction, the authors claim this to be the 5th case in the United States, but a recent case (Shah S et al, Transpl Infect Dis 2012;14:398-402) from New York is not included. Missing also are several cases (mostly ophthalmic) under the former name of the organism, Flavobacterium indologenes. A more thorough literature review is needed if specific numbers are to be claimed.
Response: thank you for these suggestions. The case reported by Shah et al has been added as have additional ophthalmic cases.

In the case presentation section: How was the organism identified? What methods were used for susceptibility testing? What breakpoints were used for interpretation of susceptibility results (I presume non-fastidious non-Enterobacteriaceae)?
Response: the organism was isolated from 2 tracheal aspirates. Unfortunately we were not able to obtain as detailed microbiological information as we would have liked as the hospital closed during the course of our organization which made this challenging.

In the conclusion, it is suggested that antibiotic use for >14 days is a risk factor for C.
indologenes infection but no data in the current case or review of cases is presented to support that conclusion.

Response: a citation to a Taiwanese study examining cases over a 4 year period has been added. This study established prolonged antibiotic use (defined as antibiotic use for equal to or greater than 14 days) as a risk factor for *C. indologenes* infection.

In the introduction, correct the spelling of "aminoglycocides" to "aminoglycosides".

Response: thank you for this correction – the change has been made.

Responses to reviewer 2:

In the references 6: the authors name should be change to as below: Lin YT, Jeng YY, Lin ML, Yu KW, Wang FD, Liu CY.

Response: thank you, this change has been made.


Response: thank you for this suggestion. The recommended citation has been added.

Responses to reviewer 3:

Have the chest images to prove the diagnosis of ventilator-associated pneumonia?

Response: unfortunately we do not have the chest radiographs that were used by the attending physicians who made the diagnosis of ventilator-associated pneumonia.

How to prove Chryseobacterium indologenes was a true pathogen, not colonization?

Response: this can be a challenging question to answer especially in the context of this organism. We cannot definitively say that this was a *C.indologenes* infection versus colonization and the attending physicians believed the VAP was caused by multitude of organisms of which *C. indologenes* was one.
Have the individual MICs of the antimicrobial agents for C. indologenes?
Response: unfortunately we do not have access to this data. The hospital closed during the course of our investigation making it challenging to obtain some information, particularly microbiological data.

Was it adequate to treat this immunocompromised patient only used levofloxacin (? IV or oral)?
Response: the patient was treated with all IV antibiotics.