Author's response to reviews

Title: Isolated pulmonary valve infective endocarditis in a middle aged man caused by Candida albicans: A case report

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Philippa Harris
Executive Editor
*BMC Infectious Diseases*

Dear Dr. Harris,

Thank you for reviewing our case report entitled “Isolated Pulmonary valve Infective Endocarditis in a middle aged man caused by *Candida albicans*.” We have addressed all of the reviewers’ comments and included our responses below (*in blue italics*). The manuscript has been revised based on the feedback of the reviewers. We are submitting the revised manuscript for consideration for publication in *BMC Infectious Diseases*.

The above mentioned case report has not been submitted or accepted for publication elsewhere.

We thank you for your consideration of our case report for publication in *BMC Infectious Diseases* and look forward to hearing from you.

Sincerely,

Saumil Doshi, MD
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Reviewer #1

1. It may be of interest to mention if there were any abnormalities over the injection site(s).

   *There were no track marks seen. We have added this to the manuscript.*

2. 'Black secretion' was noted on bronchoscopy on day 3 and 8, was microscopic examination of the bronchoalveolar lavage performed? If so, what did it show?

   *The BAL cultures grew *C. albicans* and *C. glabrata*. This was mentioned in the second paragraph of case description; we have also added the culture results from second*
**BAL.** One must keep in mind that the second BAL was performed after anti-fungal therapy had been initiated.

**Reviewer #2**

1. Is the patient an active intravenous drug user?

*Per history obtained from family members, yes, he was an active intravenous drug user. We have edited the manuscript to reflect this.*

2. What's the cause of the severe leucopenia? Is it due to sepsis alone or other cause? What is the trend of the white cell count?

*The leukopenia was presumed to be due to sepsis. The WBC count improved with treatment with antifungals. We have added this to the manuscript.*

3. Any trend on any inflammatory markers eg C reactive protein?

*As it was not felt to be clinically necessary for diagnostic or management purposes, inflammatory markers were not obtained for this patient.*

4. The blood culture was positive for Candida on day 12 after admission while the initial blood cultures were negative. Since the patient was admitted to ICU at the very beginning, had the patient received any central venous catheter? If he had, any culture performed to the central venous catheter?

*Yes, the patient had a central venous catheter that was removed when he was found to be fungemic. The catheter tip culture was negative; we have added this to the manuscript.*

5. The patient was managed medically alone and it seemed successful. Generally, Candida endocarditis is managed surgically as the biofilm is antifungal resistant and persistent candida vegetation remains a source of infection and embolisation which is even more of a problem in left sided endocarditis. The author can have a short discussion for this point and this patient has a pulmonary valve endocarditis and what are the signs of medical treatment failure which necessitate surgical intervention, eg persistent fungemia, new lung consolidation etc

*Thank you for the thoughtful suggestion. We have edited the manuscript to reflect this.*