Author’s response to reviews

Title: Melioidosis: Misdiagnosed in Nepal

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Chiranjay Mukhopadhyay (Reviewer 1)

1. As it is mentioned in both the case that the patients were diabetic, and it can be presumed that they might be long-standing (but newly diagnosed?) diabetics. It needs to be mentioned if the diabetic status was controlled (esp in Case 2), and if they are on oral hypoglycemic drugs.

= Yes the diabetic status was controlled and patients were discharged on iv insulin

2. The isolate was confirmed to be B. pseudomallei by latex agglutination assay. It would be fine to mention whether the latex agglutination test was procured or prepared in house; also the nature whether it was monoclonal antibody based or polyclonal antibody based latex agglutination assay.

= Commercially available monoclonal antibody based latex agglutination assay was used
3. In case 2, the authors have mentioned the isolate to be resistant to amoxicillin clavulanic acid - this is not impossible, but a bit unusual for B. pseudomallei. How was the organism differentiated from other species of Burkholderia, especially B. cepacia? What was the Amoxicillin-clavulanic sensitivity in Case 1?

= Yes, the isolate in case 2 was resistant to amoxicillin-clavulanic acid while it was sensitive in case 1 isolate as per the antibiotic susceptibility test.

= B. pseudomallei was differentiated from other Burkholderia species, as the first is gram negative bacilli with a peculiar safety pin appearance, produces arginine decarboxylase instead of lysine decarboxylase (produced by other Burkholderia spp.), produced wrinkled colony on both blood and MacConkey agar.

4. In both the cases, the patients received i.v. meropenem as the intensive phase treatment followed by oral cotrimoxazole and oral doxycycline for the eradication therapy. It will be very informative if the authors can add the dosage of these antibiotics prescribed to the patients.

= Meropenem- 1gm iv 8 hourly

= Oral Doxycycline- 100mg 12 hourly

= Oral Cotrimoxazole- 960mg once daily

5. Was there any change in Chest X-ray or clinical Improvement of the respiratory symptoms of the patient (Case 1) after 28 days of Meropenem treatment?

= Yes, there was improvement of respiratory symptoms both clinically and radiologically after treatment with meropenem.


= Yes, we have added it in the discussion.
7. Are the authors planning to perform any soil sampling from the fields where the patients are farming now? It may help authors assume the source of the organism, whether it might be the local soil itself.

= It was not possible for us to perform soil sampling because the patients were from two different geographical locations in Nepal. One was from hilly region and other from plain (Terai-parsa). We are hopeful that this case report will bring alertness about the disease and further studies especially focusing on the possibility of isolating the organism from the home country will be conducted.

Vandana K E (Reviewer 2):

1. Manuscript requires english language editing.

= English language has been edited.

2. Instead of concluding that the disease had been acquired after travel to Malaysia, authors might also try to explain the possibilities of local acquisition or any travel to adjacent states of India etc. While I dont refute the fact that Malaysia is endemic for melioidosis.

= Yes, we have included these point about different possibilities of acquisition of infection.

3. The bacteriological description including cultural characters are repeated few times and this could be avoided.

= This has been checked.

4. Authors might consider changing the opinion that any febrile patient not responding to ceftriaxone should be suspected for melioidosis. This opinion may be rephrased.

= That sentence has been rephrased

5. Authors should consider discussing more on situation of melioidosis in Nepal instead of merely reporting two cases. There are few published reports from Nepal in scientific literature.
We have discussed more on the situation of melioidosis in Nepal.

Jon Cuccui (Reviewer 3):

The study indicates that B. pseudomallei cases are being detected in Nepal. Albeit in individuals with travel histories indicating that the original acquisition may have been abroad and not in Nepal.

The manuscript should be used to alert the Nepalese health systems of the possible diagnosis of melioidosis, especially in individuals with travel histories to countries where B. pseudomallei is endemic. The study should be accepted once editing is carried out to correct several grammatical errors.

= Grammatical errors has been corrected.