Author’s response to reviews

Title: The 2018 Lebanese Society of Infectious Diseases and Clinical Microbiology Guidelines for the Use of Antimicrobial Therapy in Complicated Intra-Abdominal Infections in the Era of Antimicrobial Resistance

Authors:
Nicholas Haddad (hadda1ne@cmich.edu)
Souha Kanj (sk11@aub.edu.lb)
Lyn Awad (lyn.awad@lau.edu)
Dania Abdallah (rpdania@gmail.com)
Rima Moghnieh (moghniehrima@gmail.com)

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Author’s response to reviews:

Dear editor,

Thank you for reviewing our manuscript and for sending valuable reviewer’s comments. We have addressed all the comments to our best abilities. We also edited the manuscript for English language. Kindly see below a point-by-point response to the comments:

Reviewer reports:

Gülsüm Iclal Bayhan (Reviewer 1): Please include all comments for the authors in this box rather than uploading your report as an attachment. Please only upload as attachments annotated versions of manuscripts, graphs, supporting materials or other aspects of your report which cannot be included in a text format.

Please overwrite this text when adding your comments to the authors.

1. Abbreviations should not be used in the titles and beginning of sentences

Answer: Abbreviations were removed from the title and the beginning of sentences through the whole text.

2. I can not understand why authors recommend tigecycline to the patient who is stable, and low risk patients and located Hospital A (Table 3). Authors mentioned that Hospital A had predominance of
resistance to 3GC among nosocomial Enterobacteriaceae (>20%), and low rate of resistance to ceftazidime and carbapenems among nosocomial Pseudomonas. Because there is not predominance of carbapenemase producing microorganisms, tigecycline should not be commenced empirically. Tigecycline should be preserved for use in carbapenemase producing microorganisms.

Answer: This issue was explained in the discussion. Please refer to lines 598-613.

“A recent compilation of antibiotic susceptibility data of bacteria isolated from different types of clinical samples from 13 Lebanese hospital laboratories during 2015 and 2016 showed that 40% of the Enterobacteriaceae were resistant to 3GCs and that carbapenem resistance in Enterobacteriaceae is emerging in these hospitals reaching an average of 3% (unpublished data). In Lebanon, the use of carbapenems in hospital setting is associated with a significant increase in the prevalence of carbapenem-resistant organisms including Enterobacteriaceae [52], P. aeruginosa [35], and A. baumannii [36]. Accordingly, in hospitals where resistance to 3GC is prevalent in Enterobacteriaceae and resistance to carbapenems in the same organisms is not yet endemic, we suggest using carbapenems in critically ill patients only [3]. However, in clinically stable patients with HA-cIAI, we suggest a carbapenem-sparing strategy. In this case, we recommend using an antipseudomonal beta-lactam combined with tigecycline. Tigecycline is a viable non-carbapenem option in empiric therapy due to its favorable in vitro activity against a large spectrum of resistant pathogens, including 3GC-resistant Enterobacteriaceae, CRE, Acinetobacter spp., and Stenotrophomonas maltophilia [53-55]. Additionally, it is approved by several international treatment guidelines [3,19].”

Aneesha Acharya, Ph.D (Reviewer 2): The manuscript presents clinical guidelines for antimicrobial therapy in complicated intra-abdominal infections, drafted by the Lebanese Society of Infectious Diseases and Clinical Microbiology. The guidelines are clinically very relevant and are based on national data. The draft is well-constructed, well-articulated, and clear in its definitions. There is a summary presented which will help quick appraisal of the key points. However, the addition of a more detailed table summarizing the clinical conditions, diagnostic aspects and therapeutic recommendations may further improve the presentation of the material for rapid appraisal by clinicians.

Answer: Tables were adjusted as per reviewer recommendations. Please refer to tables 2-6.