Author’s response to reviews

Title: Clinical parameters and outcomes of necrotizing soft tissue infections secondary to gastrointestinal fistulas

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Dear editor:

Thank you for your kind considerations on our manuscript (INFD-D-18-01845R1). We also want to express our deep thanks to the reviewers for the positive comments.

We have revised the following comments in the revised manuscript. Please refer to the revised manuscript for details. Furthermore, we also were labeled it using red line in our revised manuscripts. Many thanks!
Yours sincerely

Jianan Ren

Respond to comments

Silvano Esposito (Reviewer 1): The authors describe a large series of patients affected by necrotizing soft tissue infection following gastro-intestinal fistula.

I would not define NSTIs as surgical infection because this definition is misleading. These are infections mostly needing surgical interventions. I do not agree as well that trauma can be defined as an etiology of gastro-intestinal fistula. It is the pathogenesis.

All the study emphasizes the surgical efforts and methodology carried on in the management of NSTIs with very few words on infectious diseases aspects of the disease. I wonder if the authors have an ID consultant in their ward or hospital.

Answer: Thank you very much for this precious comment. In majority of clinical scenarios, gastrointestinal fistula was occurring after surgery. In this study we believe that trauma is the initial cause of GI fistula. Since all our patients from the surgical ward, the occurrence of NSTIs is a serious infection complication secondary to intestinal fistula. We believe that the results and experience of this study will also have some reference value of infection research field. Yes, we have ID consultant in our hospital and all patients with complete clinical data can be retrieved.

The author just mention that patients were treated with large spectrum antibiotics and sepsis and septic shock were treated according to standard procedures.

No mention to the antibiotic utilized, their dosages, duration of therapy and antibiotic resistance.

This study would be more suitable for publication in a journal dealing with surgery

Answer: Thank you very much for this precious comment. Because our study focus on fistula combined with NSTIs, the patient's infection site is not single, antibiotics as a therapeutic drug is to control infection. Therefore, the dose and duration of antibiotics may overlap. Regarding the antibiotic resistance, we provide the results of microbiologic findings from wound culture in NSTIs. Please refer to Table 2 and page 6, line 14-19 in revised manuscript. We also added this part of the discussion at page 11, line 10. BMC Infect Dis as a journal dedicated to the study of various infectious diseases, and a large number of articles about surgical infections are published.
here. We believe this study will broaden the direction of infection research, especially surgical infections. Thanks again for your comment.

Andrew Stephen (Reviewer 2): Thank you for allowing me to review this interesting paper on NSTIs arising from GI fistulas. It is quite informative and I feel like I learned some things from this paper that could be useful for clinical practice. The methods are well described and straightforward and the authors carry out the project as per the methods. There will be more and more NSTIs especially with the rising rates of obesity and understanding the various ways these infections can present is important. This paper can be useful to a wide range of surgeons.

Answer: We are so grateful for your comment. Indeed, the occurrence of infection complications has always been a difficult problem of clinical medicine. We believe this study will definitely help the surgeon. Thanks again for your comment.

The results seem reasonable and not surprising. Patients of older age, higher acuity presentations were more likely to die. I noticed that 27 of 39 patients had high output GI fistulas and am curious about what types of nutrition these patients received. Was TPN used for most of these patients? Was a high output fistula predictive of mortality? I think this is important to answer as high output fistulas are quite a bit more likely to have complications and to be difficult to manage.

I look forward to seeing this work in its published form.