Reviewer’s report

Title: Cervical anaerobic vertebral osteomyelitis following surgical tracheotomy: a case report

Version: 0 Date: 13 Jun 2019

Reviewer: Reviewer 2

Reviewer's report:

PEER REVIEWER ASSESSMENTS:

RELEVANCE - Does this case report make a contribution to medical knowledge, have educational value, or highlight the need for a change in clinical practice or diagnostic/prognostic approaches? Yes, this report contributes to medical knowledge

CASE DESCRIPTION - Are the details of the case sufficiently well described to understand the patient's symptoms and course of treatment? Yes, the description of the case is sufficient

DIAGNOSIS/INTERPRETATION - Based on the facts presented, are the diagnosis, interpretation, and course of treatment medically sound? Yes, the work described is medically sound

DISCUSSION OF THE CASE - Does the discussion appropriately analyse the importance of the findings and their relevance to future understanding of disease processes, diagnosis or treatment? Has an adequate literature review pertinent to the case been included? No - there are minor issues

OVERALL MANUSCRIPT POTENTIAL - Could an appropriately REVISED version of this work represent a technically sound contribution? Probably - with minor revisions

PEER REVIEWER COMMENTS:

GENERAL COMMENTS: This is an interesting case of a trauma patient undergoing tracheotomy with subsequent development of anaerobic vertebral osteomyelitis. I think it is hard to be absolutely confident the osteomyelitis is due to the tracheostomy tube placement, though the type of bacteria identified lends some support to this conclusion. The paper is well written and would appeal to otolaryngologists, orthopedic surgeons and critical care physicians. I prefer the term "tracheotomy" for the procedure and "tracheostomy" for the opening itself or in referring to the tracheostomy tube. This is a small point and the two terms are often used interchangeably. I think the figure (CT and MRI) are acceptable, but would recommend some arrows on each to point out the key area / pathology.
REQUESTED REVISIONS:
I prefer the term "tracheotomy" for the procedure and "tracheostomy" for the opening itself or in referring to the tracheostomy tube. This is a small point and the two terms are often used interchangeably. I think the figure (CT and MRI) are acceptable, but would recommend some arrows on each to point out the key area / pathology.

ADDITIONAL REQUESTS/SUGGESTIONS:
No - I think I've indicated a few small changes above that would be sufficient

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

Quality of written English
Please indicate the quality of language in the manuscript:

Acceptable

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