Author’s response to reviews

Title: Pneumonia due to Pandoraea Apista after Evacuation of Traumatic Intracranial Hematomas: A case report and literature review

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Author’s response to reviews:

Dear Dr. Helen Roberton,

On behalf of my co-authors, we thank you very much for giving us an opportunity to revise our manuscript, we appreciate editor and reviewers very much for their positive and constructive comments and suggestions on our manuscript entitled "Pneumonia due to Pandoraea Apista after Evacuation of Traumatic Intracranial Hematomas: A case report and literature review" (INFD-D-19-00264).

We have studied reviewers’ comments carefully and revisions have been made. Newly added content is marked in blue, and the content to be removed is marked in red with a strikeout line. We have tried our best to revise our manuscript according to the comments. Attached please find the revised version, which we would like to submit for your kind consideration.

In addition, I'd like to make a request if I may. Could you please change my email address from personal email (yangp2009@126.com) to institutional email (tracystrawberry@zju.edu.cn)?

We would like to express our great appreciation to you and reviewers for comments on our paper. Looking forward to hearing from you.

Thank you and best regards.
Yours sincerely,

Ping Yang

List of Responses

Dear Editors and Reviewers:

Thank you for your letter and for the reviewers’ comments concerning our manuscript entitled "Pneumonia due to Pandoraea Apista after Evacuation of Traumatic Intracranial Hematomas: A case report and literature review" (INFD-D-19-00264). Those comments are all valuable and very helpful for revising and improving our paper, which is also of important guiding significance to our researches. We have studied all the comments carefully, and have made correction which we hope meet with approval. Revised portions are marked in blue in the paper. The main corrections in the paper and the responses to the reviewer’s comments are as following:

Responses to the reviewer’s comments:

Response to Toshinori Kawanami, M.D., Ph.D. (Reviewer 1):

General comments:

The authors reported a case of non-CF patients with pneumonia due to Pandoraea apista after traumatic intracranial hematoma, and reviewed past cases with Pandoraea infection. It is considered to be interesting in the points of rare pathogens causing pneumonia and the microbiological features. However this case presentation is somewhat poor novelty and the "Discussion" section is quite redundant. The authors should clarify differences between this study and past reports while quoting and should emphasize what the authors want to mention. There are several points that should be considered and addressed in the revision.

Major comments:

1. The authors reported Pandoraea apista as the responsible pathogens of pneumonia because of the detection from sputum specimen. But this organism is also known as a contaminant as well as a causative pathogen. The author should explain the reason why this bacteria is responsible for pneumonia.

Response: Thank you very much for your kindly review. We did not take Pandoraea apista as the responsible pathogens of pneumonia at the time it was reported. Because the condition of our patient was stable, and the markers of inflammation were also getting lower at that time. But after that, the patient’s hsCRP and PCT increased progressively, and his blood pressure and
oxygen saturation became hard to maintain. At January 4, 2019, a CT scan confirmed new infection in the right lung. It wasn’t until then that we reconsidered Pandoraea apista as the responsible pathogen of pneumonia. We consulted the microbiologist of our hospital after the CT scan report was performed. In his opinion, Pandoraea apista is very likely to be a pathogen, for it was the only germ grow in the media, with a large amount. We believed Pandoraea apista was at least the responsible pathogen of the new confirmed right pneumonia. We add some content to explain the reason why we see this bacteria as a responsible pathogen of pneumonia. Newly added content is marked in blue, and the content to be removed is marked in red with a strikeout line.

2. The results of blood culture should be described.

Response: Thank you very much for your kindly review. It was our mistake that didn’t describe the results of blood culture in our original paper, as well as some other microbiological testing, such as sputum smear microscopy. Two sets of blood culture (aerobe as well as anaerobe) were taken at the time of admission, before the initiation of antimicrobial treatments, and resulted in no bacteria growth after 7 days’ culture. It didn’t occur to us that the blood culture should be repeated after the patient’s condition getting worse. All the information has been added to our revised paper. Newly added content is marked in blue, and the content to be removed is marked in red with a strikeout line.

3. When was Pandoraea apista was cultured from sputum specimen? At the time of admission or after the initiation of antimicrobial treatments? Please describe it.

Response: Thank you very much for your kindly review. We didn’t take any sputum specimen at the time of admission. The sputum specimen which Pandoraea apista was cultured from was taken on December 29, 2018, after the initiation of antimicrobial treatments (meropenem and vancomycin). It is noteworthy that the patient had already taken antimicrobial treatment (piperacillin-tazobactam) before he was transferred to our hospital. All the information has been added to our revised paper. Newly added content is marked in blue, and the content to be removed is marked in red with a strikeout line.

4. The patients re-deteriorated after improving once due to antimicrobial treatment. Do the authors consider Pandoraea infection a cause of death or other pathogens/causes?

Response: Thank you very much for your kindly review. We do believe Pandoraea infection is an important factor which caused the death of our patient. We assume that Pandoraea apista might not the responsible pathogen that caused infection in the patient’s left lung at the time of admission. But the usage of broad-spectrum antibiotics promoted the growth of Pandoraea apista, which lead to pneumonia in the patient’s right lung, and was the trigger of exacerbation. We consider Pandoraea infection as a cause of the patient’s death rather than whatever pathogens that caused infection at the time of admission.

5. The "Discussion" section is quite redundant. The authors should shorten the section and revise it concisely. For example, the authors described about CF patients with pneumonia more than necessary, and should refer non-CF cases as the present case.
Response: Thank you very much for your kindly review. According to the key points in our study, we have revised the "Discussion" section more concise. Newly added content is marked in blue, and the content to be removed is marked in red with a strikeout line. Thank you!

Response to Dr. Tanja Pressler (Reviewer 2):

Comments: The paper "Pneumonia due to Pandoraea Apista after Evacuation of Traumatic Intracranial Hematomas: A case report and literature review" is very interesting and very well written case description as well as a very comprehensive and valuable overview of this very rare and underdiagnosed microorganism.

Identification of this seldom microorganism is difficult, and authors are giving us very useful overview and advices regarding diagnostic challenges.

Virulence mechanisms and antibiotics susceptibility are thoroughly reviewed

Response: Thank you very much for your kindly review. Special thanks to you for your positive comments.

We tried our best to improve the manuscript and made some changes in the manuscript. These changes will not influence the content and framework of the paper. Newly added content is marked in blue, and the content to be removed is marked in red with a strikeout line.

We appreciate for Editors/Reviewers’ warm work earnestly and hope that the correction will meet with approval.

Once again, thank you very much for your comments and suggestions.

Yours sincerely,

Ping Yang