Reviewer’s report

Title: Moraxella nonliquefaciens Bloodstream Infection and Sepsis in a Pediatric Cancer Patient: Case Report and Literature Review

Version: 2 Date: 18 Aug 2019

Reviewer: Eric McGrath

Reviewer's report:

Dear Editor: I see that the authors have already sent in 2 revisions and have truly addressed the prior concerns raised by the prior reviewers. This reviewer has a few more concerns to add clarity to this interesting case:

Abstract:
Case Presentation: Line 48 -Presented "with" fever, add "with"

Full paper
Case Presentation:
Non-absorbable polyenes - Line 77: this is nebulous in US. What drug/drugs are being referred to here? Please clarify throughout report whenever this medication is referenced if possible.
Line 83: Gentamicin or Gentamycin, check spelling

Discussion and Conclusions
Line 123: The authors need to stress (MAIN SUGGESTION FOR PAPER) that this organism is a "pathogen" in the compromised host. The Line 141 also would benefit from an added statement re: in immune-compromised hosts. Of the 5 prior cases mentioned in Table 1, the first 3 are Heme/Onc patients. Case patients referenced as #4, and #5 are clearly not healthy hosts. If the authors are not comfortable stating that M. nonliquefaciens may be a pathogen in immunocompromised hosts due to case #4 and #5, then at least consider a statement that the organism is unlikely to be a pathogen in healthy hosts.

Line 166, FS Planned, correct spelling
Figure 1 with general comment with reference back to line 98+: The authors escalated therapy, empirically, to meropenem, teicoplanin and fluconazole on Day 9 due to clinical worsening BUT was continued for 11 more days with an antifungal. However, earlier in the report and based on a prior reviewer suggestion, the authors added that this is an institutional standard. The authors wrote in line 91 that they had confirmed that Pip/tazo was susceptible. It is not clear to this reviewer, in light of the fact that no "secondary" or "hospital acquired infection was discovered, why the patient was not placed back on pip/tazo when a new or additional infection, was ruled out. Whether teicoplanin and or fluconazole was continued or not, empirically, is up to the authors for mucositis coverage and/or "lines and tubes" in the ICU setting, etc. But M liquefaciens did not need or require meropenem coverage, after additional Gram-negative pathogens or infection was excluded, and the authors should state that in the body of the case. The reason that this should be stated is that new research is highlighting that meropenem use in the immunocompromised host may be driving the development of Carbapenem-Resistant-Only-pathogens, such as Pseudomonas, in this sub-population of neutropenic patients. And once these pathogens are present in the HEME/ONC and BMT units, treatment and empiric treatment of Gram negative patients with febrile neutropenia may become very complicated.
Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Unable to assess

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

Unable to assess

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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