Author's response to reviews

Title: Rapidly evolving conjunctivitis due to Pasteurella multocida, occurring after direct inoculation with animal droplets in an immunocompromised host.

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Author's response to reviews: see over
Responses to the editor and to the reviewers:

The present revised manuscript has been substantially edited and we considered all the critiques raised by the expert referees. All the corrected and modified sentences or paragraphs are marked in red throughout this revised version.

Editor's Comments:
"This is a case report of an unusual infection by an unusual organism in an immunocompromised patient. Although uncommon, it is not unique and the same has been reported in the literature before. Nonetheless it is worth highlighting due to its relative rarity."

Thank you for your interest in our paper.

Editor's Additional Request:
(1) Requesting for Copy-Edit
- We recommend that you ask a native English speaking colleague to help you copyedit the paper
It has been done (IR).

Reviewer 1 's report:
Conjunctivitis of acute onset secondary to an uncommon bacteria. However, Pasteurella multocida conjunctivitis has been reported previously:
Pasteurella multocida infection has also been reported in post-chemotherapy neutropenic patients:

Thank you for your interest in our paper. We never assumed that the case here was unique and the first reported to date. However, we thought that it could be of didactical value for readers.

Case presentation
- is this a case of conjunctivitis with pre-septal cellulitis?
Yes Sir. Maybe we should have written it more clearly in the manuscript. Please see the new version of the case presentation page 5.

- authors had stated that standard ophthalmic examination were unremarkable. It would be good to mention patient's presenting VA, IOP, presence/absence of RAPD and extraocular movements examination.
We agreed with this comment. It has been done. Please see the new version of the case presentation page 4.
- although WBC count was normal, should include WBC differential especially neutrophil & lymphocyte count.
  
  We agreed with this comment. It has been done. Please see the new version of the case presentation page 4 and please note that the lymphopenia we did not mention in the previous version was due to chemotherapy and steroids treatment. Such an information was omitted in the previous version because we did not consider that lymphopenia or adaptative immunity may impact the initial immune response (innate immunity) of our patient against Pasteurella strain.

- API 20E system is able to accurately identify P. multocida in 60-64% of the time.
  
  
  We agreed with this comment. The involvement of P. multocida was confirmed using Maldi Tof mass spectrometry according to manufacturer’s instruction. We did not mention such an information in previous version of the manuscript because it did not appear to be a didactic message. Please see the new version of the case presentation page 4.

- why intravenous amoxicillin AND amoxicillin/clavulanate were given together?
  Such a treatment was preferred, despite poor ocular diffusion, because (i) it covered all Pasteurella species (even if it was a penicillinase-producing strain) staphylococci, streptococci and anaerobes that can be encountered after dog’s bite; (ii) patient’s conjunctivitis without eye involvement was considered as soft tissue infection and such a treatment is a recommended regimen in cellulitis. Please see the new version of the discussion page 6.
  
  Amoxicillin AND amoxicillin/clavulanate were given alternately in order to increase amoxicillin residual concentration in a pharmacokinetic/pharmacodynamic purpose (time dependant treatment). Clavulanate dosage could not be increased without toxicity and clavulanate was added to amoxicillin for penicillinase producing Pasteurella and staphylococci.

- any topical therapy given?
  No sir, only artificial tears. Please see the new version of the case presentation page 5.

- how about PCR analysis for a quick and more accurate diagnosis of Pasteurella multocida?
  Please see response to previous comment concerning Api 20 E System.

Attachments
- Clinical photo A of the patient is blurred and attaching anterior segment photo showing purulent conjunctivitis would have been useful.
  Unfortunately, anterior segment photo showing purulent conjunctivitis is not available. We added instead a photograph of the eye of the patient 3 days later, showing favourable outcome just before he was discharged. Please see the new version of the figure.
- microscopic picture of Pasteurella multocida?
  We agreed with this comment. It has been done. Please see the new version of the figure.
Reviewer 2's report:
I believe that this case report could make a contribution to medical knowledge and has educational value. It is also unexpected/unusual presentation of conjunctivitis in an immunocompromised patient. But it requires minor essential revisions.
Thank you for your interest in our paper.

This case report contains few weaknesses:
1. Applied treatment should be mentioned in abstract section.
We agreed with this comment. It has been done. Please see the new version of the abstract page 2.

2. The section related with microbiological assessment should be controlled by specialist.
It has been done (AL)
3. Systemic antibiotherapy including amoxicillin 2g tid and amoxicillin/clavulanate 2g tid intravenously should be given information about transfer to the eyes. Why this treatment was preferred?
Such a treatment was preferred, despite poor ocular diffusion, because (i) it covered all Pasteurella species (even if it was a penicillinase-producing strain) staphylococci, streptococci and anaerobes that can be encountered after dog’s bite; (ii) patient’s conjunctivitis without eye involvement was considered as soft tissue infection and such a treatment is a recommended regimen in cellulitis. Please see the new version of the discussion page 6.

4. Figure captions should be written with more care.
We agreed with this comment. It has been done. Please see the new version of the figure caption page 10.

5. Figure 1A is blurred. It should be reduced to include only eyes.
We agreed with this comment. It has been done. Please see the new version of the figure.