Author’s response to reviews

Title: Post-intravitreal injection endophthalmitis secondary to Turicella otitidis: a case report

Authors:

Danny Mammo (danny.mammo24@gmail.com)

Daniel Watson (dwatso21@gmail.com)

Karen Armbrust (Karen.Armbrust@va.gov)

Version: 2 Date: 03 Mar 2020

Author's response to reviews:

We appreciate the review of our manuscript. Here is a summary of our response to specific reviewer comments/queries, but please see the attached point by point response to reviewers (attached as supplementary material to this revision) for more detail, including the corresponding changes in the manuscript.

Reviewer 1:

1. You should add a slit-lamp photograph of the initial presentation.

   Response: We only have posterior segment photographs of this case and no slit lamp photograph.

2. Did you examine the vitreous humor by PCR? PCR seems to have a low positive rate when used on aqueous humor.

   Response: We do not have vitreous PCR results as we were trying to avoid the potentially higher-risk and more invasive procedure of vitreous tap or biopsy, as specified in the Discussion section, lines 139-141. We planned for vitreous sampling if the clinical picture remained unclear after aqueous sampling.

   While we agree that PCR of the vitreous is likely of higher yield than aqueous, a study by Chiquet and colleagues documents no false positive PCR results in aqueous or vitreous control specimens. Another study by Harper and colleagues compared aqueous and vitreous PCR sampling in suspected posterior infectious uveitis and found 0 false positives in the aqueous group and 1 false positive in the vitreous group. Therefore, the false positive rate appears to be low in aqueous PCR. Additionally, we feel that the rapid response to antibiotic injection prior to the addition of corticosteroids is confirmatory of the aqueous PCR results.
Reviewer 2:

1. Please include a sentence about the typical infections associated with this virus.

   Response: Infectious disease associations with this bacterium have been specified in the Discussion section.

2. Please include a background sentence or two about pan bacterial PCR as this is not typical.

   Response: We have added an explanatory statement about pan-bacterial PCR to the Discussion section.

3. Also please state why cultures weren't obtained (most people have routine cultures at their institutions and not much more).

   Response: We agree that cultures are more routine than PCR for diagnosis of bacterial endophthalmitis. However, in this case, the sample volume was not sufficient for bacterial and fungal cultures as well as bacterial/viral/fungal PCR. Since our differential diagnosis was broad (we were concerned about a fungal etiology or a fastidious organism given the delay in presentation), we decided to send for PCR after discussion with laboratory personnel at our facility. We were fortunate to have the option for PCR available.