Author’s response to reviews

Title: Recurrent Streptococcus Pneumoniae 23F Meningitis due to Cerebrospinal Fluid Leakage from the Ear Cannel - Report of One Case

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Author’s response to reviews: see over
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Dear Editor-in-Chief,

Enclosed you will find the revised manuscript entitled "Recurrent Streptococcus Pneumoniae 23F Meningitis due to Cerebrospinal Fluid Leakage from the Ear Cannel - Report of One Case" (MS: 7661574401640303). In this revised manuscript, we have addressed the reviewers’ concerns and made the mandatory style changes to meet the style of the journal: BMC Pediatrics. We wish to thank you for allowing us to resubmit this revised manuscript and hope that you will now find it acceptable for publication in the BMC Pediatrics. I would very like to make any further revision followed by your comments and it would be highly appreciated if this manuscript could be smoothly run to publication process.

We thank for your assistance in improving our manuscript. Looking forward to hearing from you soon.

Best regards,

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Dear Reviewer:

Enclosed is our revised manuscript "Recurrent Streptococcus Pneumoniae 23F Meningitis due to Cerebrospinal Fluid Leakage from the Ear Cannel - Report of One Case" (MS: 7661574401640303). We appreciate the constructive comments of your review and have revised the manuscript. Below are our replies to the reviewers:

Itemized comments

1. *It would be interesting to know the vaccination program in the population*: please, note that vaccine for Strp. Pneumonia is not included in the program.

   **Answer:** We thanks for your recommendation in improving our manuscript. We have added the related statements in the section of Case Report of the revised manuscript.

   On page 9, line 10.

   Therefore, after complete antimicrobial treatments with vancomycin for 14 days, this patient was discharged home, and received conjugated streptococcus pneumoniae vaccination (Prevenar 7) by self-payment, which is not included in the program of our national schedule vaccination at that time.

2. Page 12, line 9. *which can be misdiagnosed even CT is performed without exact*: this is unchanged and still not easy to understand. Please, explain in the

   **Answer:** We thanks for your recommendation. We have added the related statements in the Discussion section of the revised manuscript.

   On page 12, line 8.

   Congenital inner ear malformation is an uncommon fistula route, which can be misdiagnosed even regular CT (usually cute every 5mm) is performed without performed high resolution CT (usually cut every 1mm).