Author’s response to reviews

Title: Pyogenic spondylitis and paravertebral abscess caused by Salmonella Saintpaul in an immunocompetent 13-year-old child: a case report

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Author’s response to reviews:

We wish to express our appreciation to the reviewers for their insightful and constructive comments on our paper. The comments have helped us significantly improve the paper. After carefully studying the comments and your advice, we have made corresponding changes in the manuscript (highlighted in the text). The responses to specific comments are given below

Dae-Chul Jeong (Reviewer 1):

Comment 1.

Abstract has too many words. The words in abstract are about 330 words. The author's guideline recommend below 250 words. You have to make corrections within 250 words.

Response 1. We have cut down the words number of the abstract within 250.

Comment 2.

You have to consider the description of name of bacteria (change to Italic character).

Response 2. We have made corrections regarding the description of name of bacteria.
Comment 3. 
I think that salmonella infection is very rare, but relatively frequent events in immunocompromised state including chronic granulomatous disease, and Sickle cell anemia. So, you described his immune state including immunoglobulin level for exclusion of susceptible state.

Response 3. We wish to thank the reviewer for this comment. We agree that the point the reviewer noted should be considered. We have had made sure that the patient’s immune status was normal by asking him and his parents about recurrent bacterial infections, such as pneumonia and otitis media. We also checked his immunoglobulin (IgG, IgA, IgM), which revealed within normal range. We did not examine his immune status specifically suspecting chronic granulomatous diseases and Sickle cell anemia because he was previously healthy, and there was no family history. We think that it is too much to do specific examinations of CGD or Sickle cell disease by only one episode of severe bacterial infection in this case, and we can safely conclude that this patient was immunocompetent from the facts that his immunoglobulin was within normal range, and that he had no past medical history of recurrent infection and his family history was also null. We have added the sentences in Case Presentation as follow. "His past medical history was unremarkable, without any trauma, surgical history, or recurrent bacterial infections.", and "His immunoglobulin G, A, M level were within normal range."

Comment 4. 
In discussion, you can describe infection spread according to Salmonella pathogenesis including secondary bacteremia.

Response 4. Thanks to this comment, we have changed the last sentence of the second paragraph in Discussion as follow. “We concluded that our patient had gotten Salmonella Saintpaul infection by consumption of raw poultry eggs or contact with poultry feces, which possibly caused secondary bacteremia and hematogenous spread of the pathogen to the vertebrae.”

Comment 5. 
You have to make corrections for references as guideline of BMC pediatrics. And too many references in this manuscript exist.

Response 5. We have corrected the way we describe the references, and cut down some references.
Comment 6.

I describe the another review points in PDF files.

Response 6. We deeply appreciate the reviewer’s point-by-point revision by the attached document. We have made correction partially based on it.

Christoph-Eckhard Heyde (Reviewer 2):

Comment 1.

* The authors should give us further information about the follow-up time and the follow-up intervals and the images done at the final follow-up.

Response 1. We have added information about the follow-up time and intervals in the last of Case as follow. “He was discharged and finished taking trimethoprim-sulfamethoxazole for a total of 2 weeks. The radiograph and MRI at the point of 6 months follow-up after discharge revealed improvement of vertebral bodies alignment, and no exacerbation of abscess formation or bone destruction (Figure 5). He currently shows no neurological problems, and is under follow-up observation every 2 to 3 month at our outpatient clinic with good recovery.”

Comment 2.

* Furthermore I believe the scientific value of the figure 5 is not high, thus I would recommend withdrawing this and to replace it by a follow-up X-ray or MRI scan.

Response 2. We totally agree with the reviewer in that the original Figure 5 has low scientific value, therefore we have decided to withdraw and replace it by a follow-up images.

Thank you again for your comments on our paper. We trust that revised manuscript is suitable for publication.