Author’s response to reviews

Title: Osteomyelitis complicating secondarily infected atopic eczema: two case reports and a narrative literature review

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Author’s response to reviews:

BDER-D-19-00070
Osteomyelitis complicating infected atopic eczema: two case reports and review of the literature
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BMC Dermatology

Dear Dr Masuka,

Your manuscript "Osteomyelitis complicating infected atopic eczema: two case reports and review of the literature" (BDER-D-19-00070) has been assessed by our reviewers. They have raised a number of points which we believe would improve the manuscript and may allow a revised version to be published in BMC Dermatology.

Their reports, together with any other comments, are below. Please also take a moment to check our website at https://www.editorialmanager.com/bder/ for any additional comments that were saved as attachments. Please note that as BMC Dermatology has a policy of open peer review, you will be able to see the names of the reviewers.

If you are able to fully address these points, we would encourage you to submit a revised manuscript to BMC Dermatology.
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Please include a cover letter with a point-by-point response to the comments, describing any additional experiments that were carried out and including a detailed rebuttal of any criticisms or requested revisions that you disagreed with. Please also ensure that all changes to the manuscript are indicated in the text by highlighting or using track changes.
Please also ensure that your revised manuscript conforms to the journal style, which can be found at the Submission Guidelines on the journal homepage.

A decision will be made once we have received your revised manuscript, which we expect by 25 Nov 2019.

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I look forward to receiving your revised manuscript and please do not hesitate to contact us if you have any questions.

Best wishes,

Alexander Zink, M.D., M.P.H., Ph.D.
BMC Dermatology
https://bmcdermatol.biomedcentral.com/

Technical Comments:

Editor Comments:

BMC Dermatology operates a policy of open peer review, which means that you will be able to see the names of the reviewers who provided the reports via the online peer review system. We encourage you to also view the reports there, via the action links on the left-hand side of the page, to see the names of the reviewers.

Reviewer reports:

Stefanie Ziehfreund (Reviewer 1): Dear authors,
The presented cases make a significant contribution on the topic and illustrate in association with the data generated from the literature review the need of definitive management of the underlying AE.

However, in my opinion, before suitable for publication in BMC dermatology, the manuscript requires revision for language, references and organizational structure.

Comment: Title: I would suggest you to rethink your title. By reading it the first time I was confused and expected something different as provided in your manuscript. Something like "Osteomyelitis
induced by secondarily infected atopic dermatitis…", in my opinion would be better.

Response: Thank you reviewer 1 (Stefanie Ziehfreund): The title of the manuscript has been changed to the suggested title: “Osteomyelitis complicating secondarily infected atopic eczema: two case reports and a narrative literature review”

Comment: In summary:

Why have you given a summary of the results from your literature review in the background section? And why have you not given all references in respect to the citations (AFAIK, there is no reference limitation in BMC dermatology), nor did you refer to the supplementary table which would provide a great overview?

I didn't read a case report combined with a literature review structured like yours before. I would have expected a short introduction or some background information with your objectives; followed by the two case presentations (as you did) and the literature review of the case reports/series published so far (may or may not include methodological approaches); finally, a discussion of your results and a conclusion.

Another option, of course is to present your reviewed literature within the discussion. I would recommend you to change your organizational structure and to accurately cite sources you used in your research.

Response: Thank you reviewer 1 (Stefanie Ziehfreund): The organizational structure of the manuscript has been changed in accordance with the reviewer comments. The Literature review has been moved from the background section to the discussion and conclusions section. Moreover, the introduction is now more concise and shorter accordingly.

Abstract:

Comment: Caused by your structure you didn't mention the literature review within your abstract. This requires modification in accordance to your revised manuscript.

Response: Thank you reviewer 1 (Stefanie Ziehfreund). The conclusion has been modified and now mentions the literature review briefly together with the lessons to be learnt from the information obtained. Above all, the journal abstract format has been maintained as the guide in drafting the revised abstract. The abstract now reads:

“Background: Atopic eczema is a relapsing, itchy chronic cutaneous inflammatory disease that commonly affects children. The disease is often complicated by cutaneous infections such as eczema herpeticum, eczema vaccinatum and a varied number of bacterial infections – impetigo, cellulitis and erysipelas. However, rare case reports of infective endocarditis, otitis media and osteo-articular infections have been associated with atopic eczema. These associations possibly represent the extracutaneous infectious complications of atopic eczema.

Case presentation: Here we present two cases of osteomyelitis in HIV negative children with habitual scratching of poorly managed and/or uncontrolled atopic eczema respectively. Both cases presented to the orthopaedic surgeons and were admitted as acute phalangeal osteomyelitis and acute – on – chronic tibial osteomyelitis respectively. The first case was an 8 year old girl who had moderate-severe poorly-controlled atopic eczema and contiguously spread phalangeal osteomyelitis. The second case was an 11 year old pre-pubertal boy who had untreated atopic eczema and tibial osteomyelitis possibly from haematogenously spread staphylococcus aureus infection. Both were successfully discharged from hospital and currently have well controlled eczema. The 11 year old patient is also being reviewed monthly by the orthopaedic surgeons and is chronic suppressive antibiotics. He may require sequestrectomy, should it be needed.

Conclusions: Invasive staphylococcal and streptococcal osteo-articular (OA) infection can arise as an extra-cutaneous infectious complication of poorly controlled atopic eczema. It is more common in the 3 to 15 year age group and especially in boys with a septic arthritis to osteomyelitis ratio of around 29:5.
Clinicians should maintain a high index of suspicion in patients with moderate-severe atopic eczema and they ought to promptly manage these OA infections with intravenous antibiotics to avoid further complications.”

Background:
Comment: I suggest you to revise your background as mentioned above.
Response: Thank you reviewer 1 (Stefanie Ziehfreund): The background section has been limited to only two paragraphs as mentioned above to address the reviewer comments.

Case presentation:
Comment: The case representations were done accordingly to the checklist when writing a case report. However, I'm not familiar with the medical sequences required in such a cases, as I'm not a dermatologist. Thus, I lack the expertise to fully evaluate it.
Response: Thank you reviewer 1 (Stefanie Ziehfreund), we have maintained the medical sequence as initially presented as it provides a good summary of the case write-ups as usually presented in other case reports.

Comment: Following the case presentations I would suggest to report the results of your literature review including your supplementary material. However, you can review other published case reports combined with a literature review to check their structure of presentation.
Response: Thank you reviewer 1 (Stefanie Ziehfreund) for the advice. The literature review has now been incorporated into the discussion and conclusions section as indicated above.

Discussion:
Comment: The discussion raises many important points. However, some points simply repeats aspects already given in your introduction. A new structure would eliminate this.
Response: Thank you reviewer 1 (Stefanie Ziehfreund) for the comment. The discussion and conclusions section has been revised and most of the previously repeated sentences and/or ideas have now been consolidated in the revised manuscript.

References:
Comment: The references of your literature review also need to be included in your reference list.
Response: Thank you reviewer 1 (Stefanie Ziehfreund): The references for the literature review now appear in the reference list as requested. The overview provided by the tabulation and containing all the reviewed literature has also been referenced as indicated in the response to the comment below.

Supplementary material:
Comment: Your supplementary table provides a great overview of your screened literature. However, I ask you to structure the listed publications (e.g., year of publication, relevance..) and to add a legend including all abbreviations used. Additionally, references are needed here as well.
Response: Thank you reviewer 1 (Stefanie Ziehfreund): A legend has been added to explain the abbreviations used in the manuscript. The author and year of publication has been maintained. In addition, the tabulated results of the literature review have been referenced and now appear in the reference list as requested. An additional two cases have been added from another article discovered during the revision and the necessary changes have been made to the summary statistics of the corrected manuscript.

Minor comments:
Comment: - Decide whether to use atopic dermatitis or atopic eczema and use the abbreviation after
the first time. I think to switch is not appropriate.
Response: Thank you reviewer 1 (Stefanie Ziehfreund): Atopic dermatitis has been changed to atopic eczema to maintain uniformity in naming the disease entity throughout the manuscript as correctly suggested by the reviewer.

Alexander Böhner (Reviewer 2):
Comment: Indicate the year of the review by Benenson in the background section line 51
Response: Thank you reviewer 2 (Alexander Böhner): We have updated the sentence in line 51 to include the year the review by Benenson et al was published. The sentence now reads as follows: “Overall, a total of at least 35 case reports of invasive osteo-articular infection have been published in association with atopic eczema including 6 case reports first collated in 2005 by Benenson et al [9].”

Comment: the mode -> the most suspected severity level of atopic eczema eczema severity scores like EASI or SCORAD would be helpful also life quality index like DLQI
Response: Thank you reviewer 2 (Alexander Böhner). An internationally recognized, standardized atopic eczema scoring system has been incorporated into the two presented cases. However, this has not been extended to the reviewed cases as some of the required details for EASI scoring/calculation are not readily available in some of the reviewed cases. With this in mind, the reported severity grading has been maintained.

If improvements to the English language within your manuscript have been requested, you should have your manuscript reviewed by someone who is fluent in English. If you would like professional help in revising this manuscript, you can use any reputable English language editing service. We can recommend our affiliates Nature Research Editing Service (http://bit.ly/NRES_BS) and American Journal Experts (http://bit.ly/AJE_BS) for help with English usage. Please note that use of an editing service is neither a requirement nor a guarantee of publication. Free assistance is available from our English language tutorial (https://www.springer.com/gb/authors-editors/authorandreviewertutorials/writinginenglish) and our Writing resources (http://www.biomedcentral.com/getpublished/writing-resources). These cover common mistakes that occur when writing in English.

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- Availability of data and materials
- Competing interests
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