Author's response to reviews

Title: Tropical pyomyositis as a presenting feature of sub-clinical leukaemia, a case report

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Author's response to reviews: see over

The Editor in Chief,

Journal of medical case reports,

Dear Sir,

Amendments to the manuscript titled “Tropical pyomyositis as a presenting feature of sub-clinical leukaemia, a case report

I would like to thank the editor and the reviewers for considering the manuscript to be published in the journal. I have made relevant amendments to the article as requested by the reviewers. All changes have been reflected in review format for their convenience.

Reviewer 1.

Thank you for your comments.

The individual was not on insulin at home, he was on oral hypoglycemic medication. This is usually chosen as a first line agent due to cost and convenience. I apologize in failing to mention that. This has been included in line 63.

I apologize for not categorically specifying his glycemic control, his initial fasting blood sugar was elevated, and subsequently assessment was done with frequent capillary blood sugar analysis while being treated with insulin. This segment has been included in line 87-88, and line 104-106.

Reviewer 2.

Thank you for your assessment and comments.

The drained pus culture was sterile. I have included this into the manuscript line 104.

I would like to apologize, it was a gross oversight/error on my part. In my haste I only included half of the microbiology report. We gave IV cefeperezone sulbactam. The reason being the culture was sensitive for a non lactose fermenting coliform. Though a coagulase negative methicillin resistant staphylococcus aureus was also isolated, this second isolate was considered a possible (skin) contaminant. A clinical decision was taken to treat with cefeperezone sulbactam as dual infections was unlikely and the coliform was the causative organism. The patient showed marked recovery confirming our decision. The full sensitivity pattern (including resistance) has been included into the manuscript as per the reviewers request. Again I thank the reviewer for raising this point of sensitivity, as otherwise I would have not noted the error. The change has been reflected in the manuscript in line 96-102.

He was treated for eight days and stabilized before undergoing surgery, during this period he showed good response and did not deteriorate. I have included this into the manuscript. Line 102

Language has been amended in the discussion segment as requested, I hope this would meet the reviewers expectations.
The only addition other than what the reviewers have requested is the inclusion I have made to the acknowledgement segment

Thank you,

Sincerely

Rayno Navinan