Author’s response to reviews

Title: Septic shock due to Pasteurella Multocida bacteremia

Authors:

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Author’s response to reviews: see over
To,

The Editors,

Journal of Medical Case Reports

Subject: Submission of Case Report titled, “Septic shock due to Pasteurella Multocida bacteremia”

Dear Editor-in-chief,

We are submitting revised manuscript of Case Report titled, “Septic shock due to Pasteurella Multocida bacteremia” for consideration for publication in Journal of Medical Case Reports.

<table>
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<th>COMMENTS</th>
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<td>REVIEWER : Takahiko Fukuchi</td>
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<td>The authors conceive that the origin could be a skin scratch from a cat, but there can be other possibilities. Although the patient’s bronchial brush and sputum cultures were negative, the possibility of respiratory tract infection caused by colonization on COPD lung existed because she had already administered antibiotics. If there are signs of cellulitis proven by culture which revealed the same pathogen, bacteremia can be explained due to skin and soft tissue infection. In this case, according to the authors, the cat scratch is the only possible evidence. Thus it is necessary for them to support their belief for this source of infection.</td>
<td>Both the skin and respiratory tract could have been possible portal of entry. However, the respiratory tract could not be confirmed as the source of infection as the bronchial brush cultures were negative. Refer to line 14, 15 and 16 on page 6.</td>
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<td>On the other hand, the cause of the death of her previous cat was unclear. If the authors considered the existence of rabies, the fact must be mentioned. However, I cannot evaluate this possibility for assessment because <em>Pasteurella</em> has shown to affect cats only very rarely. Therefore, the source of infection could either be the first or the second cat. Even if <em>Pasteurella</em> could be identified from their throats, these results cannot prove a transmission pathway to this elderly lady.</td>
<td>Either of the cats could have been the source of infection. We did not have any data about the health of the cats. We did not suspect rabies in this patient given that her symptoms were consistent with septic shock and she eventually got better. She did not have any symptoms of rabies.</td>
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<td>In addition, there was not enough explanation for the use of the antibiotics: imipenem-cilastatin, while the authors mentioned the susceptibility of <em>Pasteurella</em>. The authors should be more careful in their selection of antibiotics on academic articles.</td>
<td>Piperacillin-tazobactam was switched to imipenem-cilastatin for possible ventilator associated pneumonia and extended spectrum beta lactamases. Refer to line 19, 20 and 21 on page 4.</td>
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<td>REVIEWER : Suresh Antony</td>
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| please check your spelling and grammar. Would also consider adding a table including previously diagnosed cases that may have been reported in the literature and see if there is commonality in the presentation and etiology of this case. | Studies with review of cases with *Pasteurella multocida* bacteremia have been mentioned in the Discussion section. 
Refer to line 8,9,10 and 11 on page 6. 
Please see references # 5,9,11 and 12. 
A table of similar cases is beyond the scope of this review. |
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<th>REVIEWER : Ravi Durvasula</th>
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| This is an interesting case report, though not significantly novel in terms of clinical reporting, pathogenesis, therapeutics or diagnostic testing. *Pasteurella* does cause severe invasive disease and as a gram negative organism does elicit responses associated with endotoxemic shock. Therefore, this report does not add significantly to the literature. | There are increasing number of pets every year in America, and that increases pet-related illness. 
Septic shock from *Pasteurella* has high mortality, and hence it is necessary to raise awareness about pet-related illness, especially in elderly and immune compromised patients. 
Refer to reference # 3 |
| The abstract is poorly written. Statements such as "successfully treated with antibiotics" are extremely vague and should not appear in the abstract. | Abstract was revised. 
Refer to page 2. |
| When suspecting an unusual clinical course for an organism, one thinks about host factors and immunosuppression. The underlying possibilities in this 82 year old woman are manifold and have not been addressed (nutritional state, steroid use for COPD, etc) | Refer to lines 1, 2 and 3 on page 4 and lines 21, 22 and 23 on page 6. 
The unique aspect of our case was that our patient did not have any well-established immune compromised condition (eg cirrhosis, transplant, dialysis) other than her co-morbidities. |
| The lab data are not clearly presented. | Labs were added – Arterial blood gas analysis, chest xray, EKG, creatinine and lactic acid. 
Refer to lines 4, 5, 10 and 11 on page 4. |
| Also, was there a differential diagnosis and what other conditions might one think of in this setting? | Based on the data available, respiratory tract could have been the possible source of entry. 
Refer to lines 14, 15 and 16 on page 6. 
Discussion of differential diagnosis of septic shock is beyond the scope of this case report. |
Thank you

Sincerely,

Niyati Narsana

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