Author’s response to reviews

Title: Case report: Prolonged and high dosage of tigecycline: Successful treatment of spondylodiscitis caused by multidrug resistant Acinetobacter baumannii

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Reviewer #1: The quality of written English should be drastically improved. Tigecycline has already been studied as an alternative therapeutic choice in spondylitis and osteomyelitis, however the clinical data is limited in numbers. I think that the submission as a case report is of limited interest, but since it offers a partial improvement to our established knowledge of tigecycline use in such infections, it deserves to be published.

Response: The text was edited by one of the co-authors, who is a native speaker of English language.

Reviewer #2: Page 2

* Line 27 - must spell-out "MDR" first

Response: The text was corrected. (multi drug resistant-MDR)
* Line 10 - what was the patient’s actual temperature
Response: The patient’s actual temperature was 38.5 °C. (added in manuscript)

* Line 13 - Need to spell-out "WBC and CRP" and include what the actual values are
Response: Text was corrected (White blood Cells and C-Reactive Protein). The actual values were WBC count= 14.61 cells/μL, CRP= 10.2 mg/dL with normal reference range: 0.0-0.8mg/dL.

* Lines 13 - 25 - a lot of choppy sentences, this section was very difficult to read
Response: Text was edited in order to be more comprehensive.

* Line 25 - the beginning of the description of radiology: I think this section is unnecessarily long. Again, the most interesting aspects of this case are the treatment of Acinetobacter with tigecycline monotherapy and the overall length of therapy, not the radiographic findings. Too much of the case section is devoted to radiology.
Response: Text was edited and shortened. Only the most important radiographic findings are mentioned.

* Line 48 - should first spell-out "MIC" and I think you need to report the colistin MIC as well
Response: Text was corrected (Minimum Inhibitory Concentration MIC). The MIC for colistin was <4.
* Line 7 - no dose of gentamicin is provided; it needs to be there

Response: The dose of gentamicin was 1mg/kg three times a day.

* Line 20 - what were the potential risk you informed the patient about?

Response: The patient was informed about the potential risks of high dosage of tigecycline (increased probability of developing tigecycline’s side effects such as nausea, vomiting, diarrhea, abdominal pain, pruritus, rash, headache, hepatotoxicity)

* Line 30 - was the patient’s nausea and vomiting managed with anything?

Response: The patient’s nausea and vomiting were managed with metoclopramide 10 mg iv.

* Line 33 - you state the ESR and CRP were still elevated, what were the specific values? Also, when was the "new MRI" obtained?

Response: ESR was 70 mm/h and CRP was 5.7 mg/dL. The new MRI was obtained 30 days after the initiation of tigecycline treatment.

* Line 40 - what was the albumin level and what was the patient’s baseline level?

Response: Serum albumin was 1.9 g/dL, while baseline serum albumin was 3.8 g/dL.

* Line 49 - did the inflammatory markers ever decrease or normalize?

Response: The inflammatory markers were normalized 18 months after the end of therapy.
* Line 5 - this paragraph ends with an incomplete sentence

Response: Text was corrected (typing error).

* Line 13 - would like to see some actual data from the study you cite here

Response: The patient was not enrolled in a clinical study. She gave consent for administration of a high dose of tigecycline.

* General comment on the "Conclusions" section - We sincerely think there needs to be a paragraph regarding the potential adverse reactions related to long-term tigecycline use (i.e. increased amylase, lipase, LFTs, etc.) - there is no mention of this whatsoever.

Response: Our patient had mild adverse events related to long term tigecycline use. A paragraph is added at the conclusions’ section, in which two studies of long term tigecycline side effects are mentioned. (page 7, line 14)