Author’s response to reviews

Title: Sphingobacterium spiritivorum Bacteremia due to Cellulitis in an Elderly Patient with Chronic Obstructive Pulmonary Disease and Congestive Heart Failure

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Version: 1 Date: 03 Sep 2017

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27/08/17

Michael Kidd
Editor-in-Chief
Journal of Medical Case Reports

Dear Editor:

Thank you for the prompt review of our manuscript. We are grateful to the two reviewers for their comments and for providing us a chance to improve our manuscript. We have carefully read the reviewers’ comments and have accordingly revised the manuscript and added necessary information. All the revisions are underlined in the revised manuscript. Please note that references were renumbered in orders in the revised manuscript.

Our responses to reviewer #1’s comments are as follows:

1. Examination findings should be narrated in order: general examination, vitals, systemic examination

Thank you for your suggestion. We have rearranged the order of physical examination findings as per your suggestion.
2. His chest wall was enlarged (barrel chest), and coarse crackles were heard on both lung bases. Wheezes were also heard.

Can be rewritten as

He had barrel shaped chest, coarse crackles over both lung bases and wheeze.

Please mention the areas where wheeze was heard.

As per your suggestion, we have revised the description of chest examination and added information on chest auscultation including the locations of lung sounds.

3. Include the chest x-ray findings, arterial blood gas analysis findings and PT/aPTT results.

As per your suggestion, we have added the description of chest X-ray, arterial blood gas analysis findings, and coagulation test results (PT-INR and aPTT) in the “Case presentation” section.

4. Did the patient have a respiratory infection? what was the sputum culture report.

In the present case, the patient did not show any symptoms that indicated respiratory infections such as cough and sputum and we could not obtain the sputum culture in the present case. We hope you that this answers your query.

5. Can Sphingobacterium spiritivorum cause respiratory infection?

Thank you for your question. Lambiase et al. (ref. 12 in the revised manuscript) have reported respiratory infections due to Sphingobacterium spiritivorum in patients with cystic fibrosis. Interestingly, in all patients, infections were coinfections with at least one other organism including Pseudomonas aeruginosa. Due to the existence of coinfection, we cannot exactly specify whether S. spiritivorum is truly or not the causative organism in their cases. So, we have refrained from mentioning the possibility of respiratory infections caused by S. spiritivorum in our manuscript. We could not find other reports on the association between S. spiritivorum and respiratory infection in the English literature (we used PubMed as the database). Although it differs from respiratory infection, we were able to find an interesting case of hypersensitivity pneumonitis caused by an allergen derived from S. spiritivorum (ref. 15 in the revised manuscript). We have described the previous case reports associated with S. spiritivorum infections in Table 1, and S. spiritivorum was isolated from patients with cellulitis and catheter-related blood stream infection.
6. Mention the SOFA score.

As per your suggestion, we have added the description of SOFA score in the “Case presentation” section. In the present case, at initial presentation, the SOFA score was 5 (1 point in the respiratory section, 2 points in the coagulation section, and 2 points in the liver function section). His baseline SOFA score was 1 (1 points in respiratory section). We have also added a reference regarding this in the revised manuscript (ref. 7 in the revised manuscript). In the present case, the patient was not admitted to intensive care unit and we could not use its score directly; however, according to the increase in the score from baseline, we considered a risk of sepsis and mortality. We have added description regarding abovementioned information in the “Case presentation” section.

7. Heart rate, 96 beats per minute - was the rhythm regular?

Thank you for your question. We have added heart rhythm description in the “vital signs” section. He had an irregular heart rhythm. In the former manuscript, we had described that a pacemaker was inserted due to complete atrioventricular block. However, we found that the indication of pacemaker insertion was due to atrial fibrillation with symptomatic bradycardia by reviewing the patient’s past medical record. Please note we have rewritten the reason of pacemaker insertion in the present manuscript.

Our responses to reviewer #2’s comments are as follows:

1. The authors should clearly state the objective of their case report as Sphingobacterium spiritivorum causing bacteremia in humans is no longer news in literature.

Thank you for your suggestion. In the “Background” section of the revised manuscript, we have clearly stated that our case report was not the first case report of S. spiritivorum infection. In the same section, we have also proposed the importance of considering S. spiritivorum as a causative organism of cellulitis in a selected patient. We have also added references regarding previously reported cases in the same section.

2. The authors should mention the route of administration, dose, duration and frequency of treatment administered to the patient.

Thank you for your suggestion. We have added the information regarding antibiotics use (route of administration, dose, and frequency of treatment) in the revised manuscript. Please note that we have mentioned the duration of each antibiotics treatment based on the days of hospitalization in the manuscript. We hope this is sufficient.
3. The manuscript needs proofreading by a native English speaker.

We have clearly stated that our revised manuscript, including tables, were proofread by a native English speaker and all grammatical errors were corrected. We have proofread the manuscript once again for language and grammar.

We hope our revised manuscript meets both the reviewer’s expectations appropriately. Thank you.

Sincerely,

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