Author’s response to reviews

Title: Case Report: shock septic from multidrug resistant descending necrotizing mediastinitis - intensive multimodal approach IgM enriched immunoglobulins and Polymyxin B hemoperfusion

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Dear Editor

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It’s a pleasure for me that the manuscript “Case Report: Shock septic form multi drug resistant descending necrotico mediastinitis” is potentially acceptable for publication.

So I’ve done alle the correction required, as follow:
I’ve checked and corrected all the spelling errors
I’ve corrected all the terms incorrectly capitalized with upper case letters
I’ve corrected the lactate value, it’s range and it’s unit of measurement in mMol/L
I’ve specified the Pentaglobin manufacturer
I’ve explained with is Vigileo without naming it’s brand
I’ve done the wording correction suggested
I want to clarify the two consideration that you have exposed

we noted a fluid overload and urine output reduction during the first 36h before starting the treatment with Pentaglobin Toraymixin (moreover we are doing the fluid challenge basing on surviving sepsis campaign) but there was a rapid recover to a normal tune output after the beginning of that therapy, following on from MAP increasing. (I’ve add this specification now into the manuscript)

We didn’t know if during the treatment the patients was still bacteriemic (but it was very realistic). Polymyxin B is a well-known antibiotic that has high affinity for endotoxin and is able to neutralize it, although it is associated with neurotoxicity and nephrotoxicity, which precludes its systemic use. The absorption of polymyxin B containing fibres let to remove the endotoxins but the cartridge should not kill the bacteria.

Sincerely

Vincenzo Pota