Author’s response to reviews

Title: Curative treatment of recurring Klebsiella pneumoniae carbapenemase (KPC)-producing Klebsiella pneumoniae septic shock episodes due to complicated soft tissue infection in a patient with severe vertebral trauma, using a ceftazidime-avibactam based salvage antibiotic combination: a case report

Authors:

Giustino Parruti (parruti@tin.it)
Antonella Frattari (antofrattari@gmail.com)
Ennio Polilli (e.polilli@libero.it)
Vincenzo Savini (vincenzosavini@yahoo.it)
Antonina Sciacca (a.sciacca79@virgilio.it)
Augusta Consorte (augusta.consorte@gmail.com)
Donatella Cibelli (donatellacibelli@yahoo.it)
Adriana Agostinone (monastario@tiscali.it)
Francesco Di Masi (francescodimasi@libero.it)
Alessandro Pieri (alessandro.pieri@ausl.pe.it)
Pierluigi Cacciatore (pierluigi.cacciatore@ausl.pe.it)
Giancarlo Di Iorio (giancarlodiiorio@ausl.pe.it)
Paolo Fazii (paolo.fazii@tin.it)
Tullio Spina (tullio.spina@ausl.pe.it)

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Author’s response to reviews:

To the attention of the
Editor-in-Chief
Journal of Medical Case Reports
RE: Manuscript JMCR-D-18-00028R1

Title: Curative treatment of recurring Klebsiella pneumoniae carbapenemase (KPC)-producing Klebsiella pneumoniae septic shock episodes due to complicated soft tissue infection in a patient with severe vertebral trauma, using a ceftazidime-avibactam based salvage antibiotic combination: a case report.

Dear Editor,

As requested, we reduced the paper's title to the following text: “Cure of recurring Klebsiella Pneumoniae-KPC septic shock episodes due to complicated soft tissue infection using a ceftazidime-avibactam based regimen.” We feel that further shortening would determine excessive loss of relevant information.

Attached please find our reply to further criticisms raised by the reviewer. We feel that we did all our best to take them into consideration, to modify our text, in a way that it may better represent and discuss the main findings of our study.

Please note that we marked in red all modified sentences in the revised version of our paper.

The reviewer 1 wrote “Especially in airway infections a more detailed methods sections is required. Have all respiratory pathogen be tested? Were there other pathogens (fungi, viruses) that may have synergistically led to the crisis?”

We agreed with the reviewer’s comment and added the following text in case presentation: “During his last hospital stay the patient turned out positive for other microbiological culture assays: susceptible Candida albicans from an epicutaneous catheter and blood cultures; susceptible Pseudomonas aeruginosa from urine cultures and susceptible Staphylococcus hominis from blood cultures. All viral tests performed were negative: CMV DNA in whole blood samples; EBV DNA in whole blood samples; serum HBsAg and HCV antibodies, as
recommended by National and local guidelines for opt out tests before surgical interventions. Respiratory pathogens were not tested, in the absence of clinical or radiological suspicion of lung involvement at any time during his clinical course. HCV Antibodies and the HBs antigen were assayed with Chemiluminescent immunoassays; antibiotic susceptibility was assayed with Vitek (Biomerieux). The Cepheid Xpert Carba-R (USA, Sunnyvale) was used for rapid detection of resistance to carbapenems. Molecular tests for EBV and CMV were performed with ELITE MGB Kits for Real-Time PCR kits (Turin, Italy).”

Similarly, the following short sentence was added in the discussion section: “Other susceptible pathogens evidenced by microbiological assays were easily controlled by standard prescribed treatments.”

All the authors read and agreed the present version on the attached text.

Looking forward to hearing of you,

yours sincerely.

Giustino Parruti, MD, PhD