Author’s response to reviews

Title: A suspected Case of Clostridium perfringens sepsis with Intravascular hemolysis after transhepatic arterial chemoembolization

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Author’s response to reviews:

Dear Prof. Esnakula,

We thank the referees for their many helpful comments. We have accordingly revised the manuscript: ID JMCR-D-18-00467 entitled, Intravascular hemolysis secondary to Clostridium perfringens sepsis after transhepatic arterial chemoembolization: A case report and look forward to its publication in the Journal of Medical Case Reports.

Response to the Reviewer:
Thank you for your detailed comments. They have helped us improve our manuscript.
Comment 1 What was the temperature at admission and when the condition deteriorated?

Reply: We accordingly clarified this in the revision (p.5, lines 14-15 and p.6, lines 11-13).

“He had an axillary temperature of 36.0°C, a heart rate of 70 beats/minute, a blood pressure of 118/52 mmHg, with an oxygen saturation of 98% on room air at admission.”

“When the condition deteriorated, he had an axillary temperature of 39.0°C, a heart rate of 110 beats/minute, a blood pressure of 90/40 mmHg.”

Comment 2 Give the doses of all medications that were given and their doses?

Reply: We accordingly clarified this in the revision (p.5, lines 9-12).

“His medical history included reflux esophagitis, hypertension, pancreatic carcinoma and underwent pylorus-preserving pancreaticoduodenectomy approximately 5 years ago. His medications included amlodipine 5 mg, candesartan 4 mg, and esomeprazole 20 mg, all once daily.”

Comment 3 How were cultures collected, transported and cultivated for aerobic, anaerobic bacteria, and fungi? Were blood culture obtained? What did the gram stains of the specimens show?

Reply: Blood culture was not obtained. We collected cultures from an abscess in multiple organs including the heart.

We want to show a diffuse spread of C. perfringens in multiple organs.

Comment 4 The recovery of C. perfringens was made only at postmortem which weakens the diagnosis of sepsis. The title of the paper should change to include that sepsis was only possible or suspected.

Reply: We accordingly changed this in the title.

“Intravascular hemolysis due to Clostridium perfringens after transhepatic arterial chemoembolization”

Comment 5 What antibiotics were given after admission and what were their doses. what were the doses of the antibiotic given after the diagnosis?

Reply: We accordingly clarified this in the revision (p.6, lines 9 and p.6, 22-23).
“Despite antibiotic therapy (Cefmetazole 3 grams daily) to prevent infection,”

“we initiated antibiotic therapy (piperacillin/tazobactam 4.5 grams and clindamycin 600mg) combined with surgical debridement.”

Thank you again for your comments on our manuscript. I trust that the revised manuscript is now suitable for publication in the Journal of Medical Case Reports.

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