Reviewer's report

Title: Delayed diagnosis of right-sided valve endocarditis causing recurrent pulmonary abscesses: a case report

Version: 0 Date: 12 Feb 2019

Reviewer: shagufta ahsan

Reviewer's report:

1. Do you believe the case report is authentic?

Yes/No

2. Do you have any ethical concerns? Please consider if local Institutional Review Board approval or ethical approval was obtained (if appropriate) and if the patient (or their parent or guardian in the case of children under 18) gave written, informed consent to publish this case and any accompanying images. A statement to this effect should appear in the manuscript.

Comments:

3. Does the Introduction explain the relevance of the case to the medical literature?

Yes/No

4. Does the article report the following information? Where information is missing, please specify.

a. The relevant patient information, including:

   - De-identified demographic information (age, gender, ethnicity)
   - Main symptoms of the patient
   - Medical, family and psychosocial history
   - Relevant past interventions and their outcomes

b. The relevant physical examination findings
c. Important dates and times in this case (if appropriate, organized as a timeline via a figure or table); if specific dates could lead to patient identification, consider including time relevant to initial presentation, i.e. initial presentation at T = 0, follow up at T = 1 month.

d. Diagnostic assessments, including:
   - Diagnostic methods
   - Challenges (e.g., financial, language/cultural)
   - Reasoning and prognostic characteristics (e.g., staging), where applicable

e. Types and mechanism of intervention

f. A summary of the clinical course of all follow-up visits

Comments:

5. Is the interpretation (discussion and conclusion) well balanced and supported by the case presented?
Comments:

6. Is the anonymity of the patient protected? Please consider any identifying information in images such as facial features or nametags, whether the patient is named etc. If not, please detail below.
Yes/No

7. Is the Abstract representative of the case presented?
Comments:

8. Does the case represent a useful contribution to the medical literature?
Comments:

9. Additional comments for the author
Please describe further (with references) if low oxygen tension, valvular structural/collagen/any tissue histology difference that may make a specific valve susceptible/vulnerable/prone to acute or subacute infective endocarditis.

What are the respiratory symptoms

Recurrent respiratory symptoms

What are the other factors which determine vegetation embolization?

Conclusion this case demonstrates that these are not always useful investigations and instead imaging of the chest may be more appropriate, that is not a correct statement, echo is always compulsory for diagnosis and follow up of IE.

Conclusion needs to be re-written.
Occurrence/incidence rate (with reference) of right sided IE causing systemic symptoms/embolization/recurrent embolization.

Which oral antibiotic, dose and duration?
Repeat CT chest after how many days of antibiotic treatment?

Vital sign symptoms: notable BP? What BP? any pressors needed?
Susceptible MIC < 0.5, which ABX sensitive to?

Why a FU CT scan chest done? Any clinical symptoms or to see resolution?
F/U CT "any change in peripheral opacities. how long back first ABX started, 6 months back?
when a repeat CT scan chest by resp specialist, after how long of abx treatment

Level of interest
Please indicate how interesting you found the manuscript:

An article of importance in its field

Quality of written English
Please indicate the quality of language in the manuscript:

Acceptable
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Please complete a declaration of competing interests, considering the following questions:

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No