Author’s response to reviews

Title: STREPTOCOCCUS PNEUMONIAE PRIMARY PERITONITIS IN IMMUNOCOMPETENT PATIENT MIMICKING ACUTE APPENDICITIS: CASE REPORT AND REVIEW OF THE LITERATURE

Authors:
Francesco Cortese (francescocortese@gmail.com)
Pietro Fransvea (pietro.fransvea@gmail.com)
Alessandra Saputelli (alessandra.saputelli@gmail.com)
Milva Ballardini (milva.ballardini@gmail.com)
Daniela Baldini (daniela.baldini@inwind.it)
Aldo Gioffrè (aldogioffre@libero.it)
Roberto Marcello (robermarcello@gmail.com)
Gabriele Sganga (gsganga@tiscali.it)

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Author’s response to reviews:

Dear Editors

We would like to thank you for the peer review done by reviewers and to get the chance to edit and improve our paper with the precious advice given. We also are glad to get the chance to submit again to your attention our research for a possible publication in JMCR.

Here you will find our replies to reviewers as well as the editing done.

Best regards,
The authors.
Reviewer reports:

Reviewer #1: Dear reviewer, thank you for the advice. We apologize for the missing part such as the follow up and further information that we have added to the text

- de-identified demographic information (age, gender, ethnicity)

Authors Comment: We added the caucasian ethnicity

- Medical, family and psychosocial history- did the patient have any bacterial infection in the family?

Authors Comment: No relevant story of infection in the patient’s family was reported

- Relevant past interventions and their outcomes - what was the outcome of the patient? did you perform a 1 week follow up? did the inflammatory status decrease?

Authors Comment: The patient was discharged on the 5th postoperative day asymptomatic with a good performance status. A 30 days follow up was performed while the patient remains asymptomatic without any sign of infection

- Diagnostic assessments, including:

  - Diagnostic methods - if no imagistic changes were found for acute appendicitis, how severe was the peritoneal reaction (pain level? inflammatory status?). Why was the rapid surgical intervention needed?

Authors Comment: the patient had a severe peritonitis with a clinical acute abdomen that required surgical intervention that was needed also to make a diagnosis. We did not perform any US after the CT scan due to the clinical condition of the patient and the findings of the CT. We did not perform a sputum culture because of the clinical picture and because the sputum have not a good prognostic value. A pulmonology follow-up was performed with a CT scan of the chest after 20 days that was negative.
Types and mechanism of intervention

Why were such high dosage for amoxiciline (over 6 g/day?)

Authors Comment: we usually us a this dosage in an hospital setting

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

No follow up is presented, as the primary locus of infection could not be proven (respiratory?).

Authors Comment: the locus of primary infection is still unknown. We performed a 30 days follow up

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

Authors Comment:

No follow-up is described. If the patient remain asymptomatic, which could be incriminated for the disease: bacterial disemination or peritoneal reaction? Could the patient be postponed to observe the reaction to antibiotic treatment (as in appendicular block, when antibiotherapy could lead to clearly visible lesions and second time surgery)

Authors Comment: in hindsight we can say that the surgical intervention can be postponed but in the face of an acute abdomen in a young patient we still considered surgical intervction as a very first option of treatmen

7. Is the Abstract representative of the case presented?

Comments:

No follow up

Authors comment: we added the follow up days in the abstract
Reviewer #2: Thank you again for your positive evaluation and for all advice given to us.

1. was she sexually active? Intercourse before the infectious event

Authors comment: Patient have a normal sex activity with the same partner. (last sexual relationship 20 days before surgery

2. any evaluation of (acquired) immune defect - e.g., selective immune deficiency, ruling out multiple myeloma, etc.

Authors comment: we performed lymphocyte subpopulations procalcitonin, Interleukin 5, Interleukin 10, all negative. We also test markers for HIV and HCV that results negative.