Author’s response to reviews

Title: Infective myositis, an uncommon presentation of melioidosis: A case report and review of the literature

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Author’s response to reviews:

Dr. Prabhashini Kumarihamy.
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22/07/2019

The Editor,
Journal of Medical Case Reports

Dear sir/madam.

Infective myositis, an uncommon presentation of Melioidosis: A case report and review of literature.
Thank you for considering our manuscripts. I am sorry that I was unable to submit the revised manuscript on time. I have done all the requested changes and answered to all question for editor and reviewers’ comments. I have attached the clean version of revised manuscript. Details of the changes and answers to editor and reviewers’ comments are mention below in this letter.

I would be grateful to you if you could consider this article to publish in your journal. Please contact me if you need further correction and I am happy to reply them.

Best regards,

Prabhashini Kumarihamy.

Point by point answer

Additional comments from the Deputy Editor:

one of our reviewer expressed concerns as to "...diagnosis of Myositis due to melioidosis not really verified, because relying only upon serological positivity, and this confirms that the patient had been inoculated with melioidosis, but does not confirm that the myositis is due to Melioidosis, because as the authors report the patient was hospitalized for pneumonie 3 week ago, and perhaps the serology is positive because of melioidosis pneumonia..."

Hence, this Editor feels the case report should be somewhat re-written, emphasizing that while the circumstantial evidence is strong but not definitive

Answer;
Patient had both pneumonia and features of myositis when he presented to the local hospital though it is not recognized. Hence it is a part of the disease. The history of severe multi lobar pneumonia responding to meropenum in a diabetic farmer and strongly positive serology in a non-endemic country led to the diagnosis of Milioioidosis though it is not definitive. Even though we could not confirm the diagnosis of Milioioidosis with positive culture or other standard method, circumstantial evidence was very strong for Milioioidosis in this case. Negative blood culture and muscle biopsy culture is expected as he was already treated with relevant antibiotics by the time of sampling. Further his clinical symptoms improved and creatine kinase became normal once treated for milioioidosis.

Manuscript was modified considering above.

Page no 3, line no 41- ‘serologically confirmed’ was deleted

Page 4, line 63-65- ‘Clinician should have high index of clinical suspicion and further clinical and epidemiological studies are needed to determining the true burden of the disease.’ Was added.
Page 9, line 184-185- The history of severe multi lobar pneumonia responding to meropenum in a diabetic farmer and strongly positive serology in a non-endemic country led to the diagnosis of Milioidosis. This sentence was added.

Page 10, line 192-193- ‘Clinician should have high index of clinical suspicion as the clinical presentation of melioidosis is not distinctive’ sentence was moved to page 10, line 202-203

Page 10, line 196-204 – new sentences were added to modify the manuscripts.

Page no 10 , line no 208-211 and page no 11, line no 212-213 was included in to the manuscript

Reviewer #1: 1.

Few minor typing and grammar errors- corrected

Page 4, line 74- ‘septicemia’ spelling correction done

Page nob5, line no 85- the word ‘with ‘ was deleted

Page no 5, line no 86- ‘who was serologically diagnosed to have’ was deleted from manuscript.

Page no 5, line no 92-93- ‘He was a diagnosed patient with type 2 diabetes mellitus which was treated with oral hypoglycemic drugs.’ Sentence was deleted from here and moved to page no 6, line no 105-106

Page no 6, line no 114- the word ‘system’ was removed.

Page 6, line no 119- ‘leukocytosis’ spelling correction done

Page 9, line 174- ‘morbidity’ spelling correction done

Page 9, line 186- sentence was modified.

Reviewer #2:

Has not mentioned anything that need correction.