Author’s response to reviews

Title: Calcification and abscess formation around the catheter tip of a central venous access port: a case report

Authors:

TOMOYA TAKAMI (tomoya0takami@gmail.com)
Keisuke Fukuda (keisuke.fukuda@tokushukai.jp)
Koji Yasuda (koo19.high@gmail.com)
Nozomi Kasyu (t4c7_m2hang_iro18vfic_xming9g@yahoo.co.jp)
Hiroyuki Yoshitake (tennis.c.surge@gmail.com)
Kotaro Hatano (ko-ta-music@kzd.biglobe.ne.jp)
Naoki Kataoka (naoki0731kataoka@hotmail.co.jp)
Tomoyuki Yamaguchi (admgpt@yahoo.co.jp)
Masafumi Tomita (mtomita@sc4.so-net.ne.jp)
Yoshiharu Shono (shono.ozu.hosp.surg@gmail.com)
Shinichiro Makimoto (shinichirou.makimoto@tokushukai.jp)

Version: 1 Date: 23 Nov 2019

Author’s response to reviews:

Dear Editor and Reviewers

Thank you for reviewing our manuscript. We have followed your suggestions and corrected the manuscript accordingly. Please find response to your comments below and in manuscript, where corrections were marked with red color of the font.

Reviewer #1
1. Authors could include complete past medical history of the patient

Thank you for your advice.
Accordingly, information was added to page 3, section 59-60.
2. what was the reason for CVC use for parenteral nutrition. Its surprising to use CVC for parenteral nutrition for such a long time. Even though CVC can technically be used for the purpose but the complications from long term use would deter most physicians from using it for long term parenteral nutrition. Not sure if standard of care has been followed here. Have other alternatives such as feeding tubes been explored?

4. What measures are being taken to further prevent such complications?

Thank you for your comment.

It is common in Japan for long-term use of CVC for parenteral nutrition. However, this is one of the problems that Japan currently has. First, the reason for choosing CVC is the desire of the facility where the patient was being treated. In Japan, gastric fistula and infusion may be specified depending on the facility. Details have been added to the text (in page 5, paragraph 108-122), but long-term parenteral nutrition is an issue that needs to be considered.

Therefore, measures to prevent such complications in the future are to stop using long-term CVC for parenteral nutrition, or not to use for parenteral nutrition. However, many people in Japan feel reluctant to do nothing against people who can no longer take orally. It depends on the Japanese temperament. However, recently there has been an opinion that it is not good, and it may change gradually in the future.

3. How long have the patient been followed after resolution of the infection?

Thank you for your advice.
The patient was subsequently followed up at our hospital for about 1 month. (We have added the data in page 4, paragraph 78.)

5. Because the patient appears to be at risk of further complications, family members have been discussing removal of CVC after resolution.

Thank you for your advice.
Yes, I explained the risk again. But the family did not want.
We have added the reason in page 4, paragraph 83-84.

6. Why was Imipenem chosen by Serratia? Is it a multi-drug resistant bacterium?

Thank you for your advice. It is as you pointed out.
We have added the data in page 3, paragraph 73-75.
Reviewer #2

It is a quite interesting complication of a long term Cather. Following areas should be improved

1- language

2-writing style

3-way of presentation to follow the case

4- clarity of information provided need to be improved

Thank you for your advice.
Adjusted again and made overall corrections.

5- If possible need to update high quality images
Thank you for your comment.
I'm sorry, but I tried but it wasn't possible.

Reviewer #4

The reason for leaving the CVC for 5 months is not mentioned - medications, nutrition, etc.

Thank you for your advice.
CVC has been used for nutrition for 5 months.
We have added the data in page 3, paragraph 57.

Reviewer #5

A few comments and questions:

- Page 3 line 62-63: the authors wrote "Abdominal computed tomography (CT) showed a CV port located subcutaneously in the left anterior chest". That must be Chest Computed tomography, as written in the abstract.

- Same comment line 72

- References 5 and 6 reveal some mistyping and grammatical errors

Thank you for your advice.

I have corrected the relevant part.