

REVIEW RESPONSE LETTER

Dear Reviewers,

Thank you for reading our manuscript and reviewing it, which will help us improve it to a better scientific level.

At the following, the points mentioned by the reviewers will be discussed:

Reviewer 1 (code: 00351120)

“Comamonas testosterone-associated peritonitis in PD patients is a rare condition. This case-report can add some new information to clinical practitioners”.

Thank you.

Reviewer 2 (code: 00503339)

“An upbeat report of remarkably positive management of PD in a 4 year old girl who though seemingly overwhelmed by sepsis attributed to Comamonas testosteroni, a bacteria previously unknown to be a cause of peritonitis, recovered and is back on course to a potential kidney transplant. The overall experience with survival of children afflicted with peritonitis while on PD as well as the survival at University Hospital of Padova would add meaning and depth to this most positive report. It might also prove interesting to learn whether duration and mortality of peritonitis in children undergoing maintenance PD consistently varies according to the bacterium causing the sepsis. Have any deaths been attributed to Comamonas testosteroni in any setting - adult or pediatric? Other than some minor tweaking of English, this report is ready for and highly deserving of publication. It would benefit, however, from a list of "Key Inferences" to be drawn from the experience of marvelous success in a four year old girl with a tragic illness”.

The paper has been modified according to these suggestions. In particular:

- in the first part of the Discussion, we reported the epidemiological characteristics of peritonitis in children receiving chronic PD; moreover, we underlined that in this specific setting, mortality rates are inversely correlated with the frequency of pathogens;
- when reporting previous experiences with C. testosterone infections, we underlined that outcome was fatal in three out of 35 reported cases, including a 64-year-old woman on hemodialysis with a central venous catheter-related bacteremia;
- according to the WJN guidelines, we completed the paper with final comments: in this way we have now included a defined list of key inferences.