

1. Reviewer's code: 00051373

COMMENTS TO AUTHORS

This is an interesting case report with mortality regarding to the *Klebsiella pneumoniae* liver abscess and hematogenous spread meningitis. The manuscript is well writing but the image presentation should be revised. The key point is the image findings of the brain CT with acute ventricular dilatation. Hence, the figure 1 should be revised to Fig 1a, one image of liver abscess in CT scan; Fig 1b is a pig-tail drainage of liver abscess. The figure 2 also needs to revise for example as Fig 2a is initial brain CT; Fig 2b is acute ventricular dilatation of brain CT. At the meantime, I believed that Fig 3 is a CSF smear with positive bacteria stained is very important in this case report.

1. The key point is the image findings of the brain CT with acute ventricular dilatation. Hence, the figure 1 should be revised to Fig 1a, one image of liver abscess in CT scan; Fig 1b is a pig-tail drainage of liver abscess.

Answer: We have revised Figure 1 according to your comments.

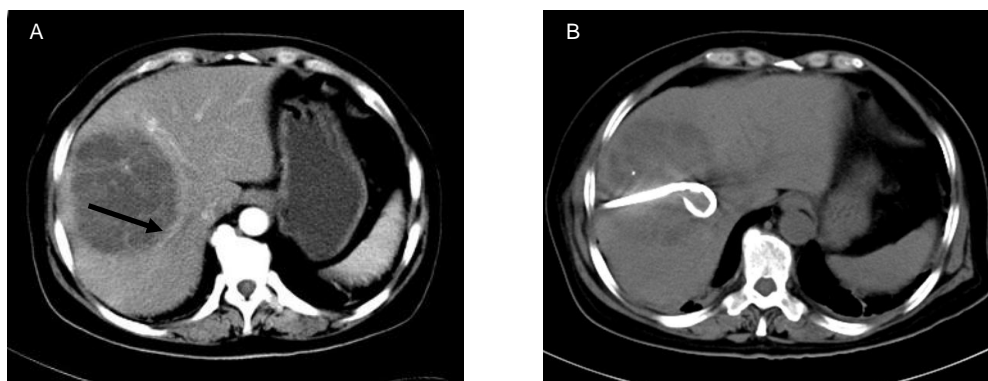


Figure 1A Abdominal computerised tomographic (CT) scans demonstrated an area of abnormal attenuation measuring 84mm × 91 mm in the right lobe of the liver, suggestive of a single large multi-loculated abscess. **Figure 1B** Emergency CT-guided percutaneous drainage of liver abscess was performed on the night of admission.

2. The figure 2 also needs to revise for example as Fig 2a is initial brain CT; Fig 2b is acute ventricular dilatation of brain CT.

Answer: We have revised Figure 2 according to your comments.

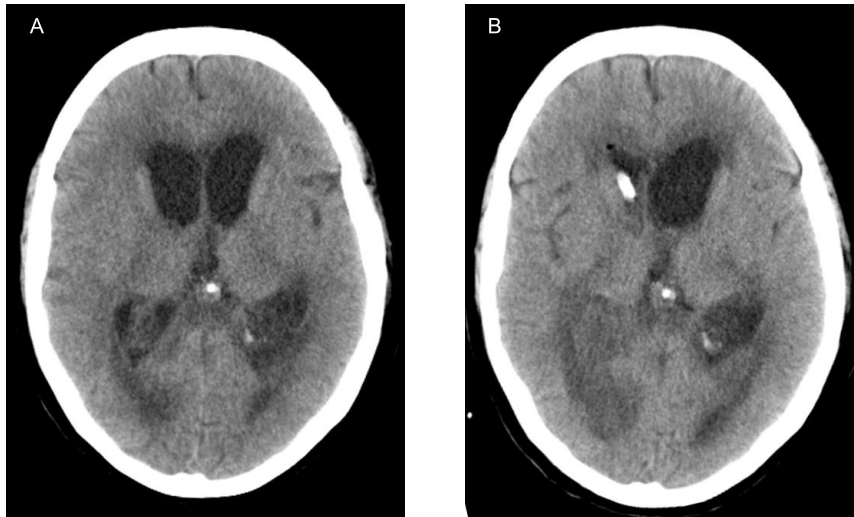


Figure 2A Enlarged lateral ventricles, low density area at the white matter near the ventricles, revealing brain edema and hydrocephalus. Brain abscesses could not be excluded. **Figure 2B** Emergency lateral ventricular drainage was performed when the patient's condition deteriorated.

3. At the meantime, I believed that Fig 3 is a CSF smear with positive bacteria stained is very important in this case report.

Answer: CSF was collected for routine examination, biochemistry, CSF smear and culture, but Gram's staining of CSF is negative.

2. Reviewer's code: 00068251

Summary

- 1- Summary should be revised with additional information.

Material and Methods

- 2- The reason that may cause liver abscess should be considered (thrombophlebitis, diabetes, malignancy, other immunosuppressive conditions).

Answer: Pyogenic liver abscess is divided into primary liver abscess and secondary liver abscess. After inquiring case history and performing a series of imaging examination and laboratory tests, we ruled out the possibility of predisposing intra-abdominal factor and diagnosed the patient with primary liver abscess. The host factors that may affect the development of liver abscess include diabetes mellitus, malignancy and other immunosuppressive conditions. However, the patient did not have any of these aforementioned medical conditions.

- 3- It should explain the reason of adjunction of vancomycin to meropenem after the

diagnosis of meningitis.

Answer: During and even after the percutaneous drainage of liver abscess, the patient's blood pressure fluctuated and sometimes the MBP dropped below 65 mmHg. Septic shock could not be excluded. So besides early fluid resuscitation, we combined Vancomycin and Meropenem to cover both gram-positive and gram-negative bacteria to avoid any delay in the treatment of the patient.

4- Despite the treatment the worsening of CSF findings should be examined.

Answer: We collected CSF again during operation and performed routine examination, biochemistry and culture. The CSF was purulent and sticky, so it's difficult to collect CSF through ventricular drainage and perform laboratory test every day. Considering the inadequate drainage of cerebral ventricular empyema, we proposed to give bilateral ventricular drainages, which were refused by the patient's family.

Results

5- Did examine the CSF by latex agglutination test?

Answer: We did not perform this test.

6- You should mention about the Gram staining of CSF whether you performed or not. If you did you should write the result.

Answer: We did Gram staining of CSF and the result is negative. The patient had already started on antibiotics therapy prior to the CSF collection, which may explain the lack of positive results in gram staining or culture.

Discussion

7- It was possible to isolate the same microorganism from CSF. The reason of the lack of bacterial growth in CSF should be discussed.

Answer: As mentioned above, the patient was given broad-spectrum antibiotics prior to CSF collection, which may explain the lack of bacterial growth.

8- First three paragraph of the manuscript consist of general information should be rearranged. If it is necessary should take place in the introduction part.

Answer: The first paragraphs of the discussion section have now moved to the introduction section. Thank you for your suggestions.

9- The treatment options and the antimicrobials that was given to patient should be discussed.

Answer: As mentioned in point 3, septic shock is a medical emergency and early

and enough broad-spectrum antibiotics is critical to a good outcome. In the absence of CSF Gram-staining and culture results, we utilized an empirical approach to cover both gram-positive and gram-negative pathogens. We have revised the manuscript to explain the use of treatment and antibiotics.

References

10- All the references should be rearranged.

Answer: The references have been rearranged.

11- 4th-18th and 10th-17th are the same references.

Answer: The duplicates have been removed.

12- In the manuscript 12th references was given as Chang et al.[12] but in the references list the 12th references was given as Fang CT.

Answer: This reference has been corrected.

3. Reviewer's code: 02462702

COMMENTS TO AUTHORS

Nicely written case report of an interesting case.

Answer: Thank you for your kindly comments.