

ANSWERING REVIEWERS

May 8, 2015

Dear Editor,



Please find enclosed the edited manuscript in Word format (file name: 17346-review.doc).

Title: *Helicobacter cinaedi* bacteremia with cellulitis after ABO-incompatible living-donor liver transplantation: case report

Authors: Kohei Mishima, Hideaki Obara, Kayoko Sugita, Masahiro Shinoda, Minoru Kitago, Yuta Abe, Taizo Hibi, Hiroshi Yagi, Kentaro Matsubara, Takehiko Mori, Yaoko Takano, Hiroshi Fujiwara, Osamu Itano, Naoki Hasegawa, Satoshi Iwata, and Yuko Kitagawa

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 17346

The manuscript has been revised in accordance with the reviewers' suggestions:

1. The format has been revised and updated.

As per the Editor's comment, we have deleted the blank space before the reference citation in the text.

2. Below are our point-by-point responses to the reviewers' comments:

Reviewer #1:

Mishima et al. reported a case of *Helicobacter cinaedi* bacteremia with cellulitis after ABO-incompatible living-donor liver transplantation. This is a rare causative bacteria of cellulitis and bacteremia after liver transplantation. Were minimum inhibitory concentration values of the bacteria for cefazolin, ciprofloxacin and minocycline obtained? Minomycin is a brand name. Minocycline is a generic name.

Response:

(1) We added a comment about the antibiotic susceptibility test, which was performed during hospitalization (page 6). We performed the disk diffusion test and measured the zones of growth inhibition around each antibiotic disk.

"As the swelling of the left lower extremity and high fever occurred simultaneously, we diagnosed *H. cinaedi* bacteremia with recurrent cellulitis. According to the result of antibiotic susceptibility testing (disk diffusion test), the microorganism was susceptible to tetracycline, third generation cefem, and carbapenem, and, on the contrary, resistant to first generation cefem and new quinolone antibiotics."

(2) The brand name "Minomycin" was changed to a generic name "minocycline" (page 6, 8).

Reviewer #2:

This is a very unique bacteria. Is there any affinity of the bacteria to the cellulitis in this case? Can the bacteria be cultured from the local exudate or the lymphatic fluid of the cellulitis lesion? Story of the HBcAb donor or de novo HB hepatitis can be omitted in this article.

Response:

(1) We mentioned the diagnostic process in this case (page 6, see our response to reviewer #1 above). As no local exudate or lymphatic fluid was observed in this case, we could not collect the specimen directly from the cellulitis lesion itself.

(2) We omitted the case of the HBcAb donor and information about de novo HB hepatitis.

3. The references and typesetting were corrected according to the journal guidelines.

As per the Editor's comment, we have added the DOI numbers where possible.

We have also enlisted the editing services of American Journal Experts as per your request and have included an editing certificate with this submission.

Thank you again for accepting our manuscript for publication in the World Journal of Gastroenterology.

Sincerely yours,



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