

Title: Extensively drug-resistant bacteria are an independent predictive factor of mortality in spontaneous bacterial peritonitis and spontaneous bacteremia

ESPS Manuscript NO: 23696

Dear Editor,

Thank you very much for the encouraging news regarding our manuscript. We also thank the reviewers for his positive/constructive comments and suggestions. I have incorporated the queries and the comments into the revised manuscript and I would now like to re-submit it for your consideration for publication. All amendments are highlighted in yellow in the revised manuscript and our point-by-point answers to the reviewer comments are provided below.

Queries

Q1 The study is an observational study. This is not a clinical trial and it has not an identification number. In addition, the term “prospective” was replaced anywhere by the word “observational”.

Q2 The pdf files which are pointed out by asterisk are provided.

Q3 The audio tip is provided

Comments of the reviewers

Reviewer 03313897

Comments for Authors: Alexopoulou et al., presented a study, which summarized that Extensively drug-resistant bacteria are an independent predictive factor of mortality in spontaneous bacterial peritonitis and spontaneous bacteremia. The title of this manuscript appropriately reflects the purpose of this study and the abstract is clear and concise. This is a very interesting study however, I would like to make some points regarding the manuscript. Introduction, The authors should describe about the importance of decompensated cirrhosis in the introduction section, this will help the readers to understand about the significance of this study. Why the authors excluded the fungi positive cultures?. There are previously reported that

decompensated cirrhosis patient's blood culture had positive for fungi. If the authors has analyzed the data, may be included this as supplement. Some of the bacteria were dead or non-culturable at the time of sample collection. Did the authors attempted to do PCR-based detection assay to detect and/or quantify the number of CFUs for microbes?. The comparison between these two studies will help to understand the live vs. dead bacterial cells in the sample.

AUTHORS:

- 1 .A semi-sentence about the importance of infections in decompensated cirrhosis has been added in introduction, lines 2-3.
2. A paper on fungi was published by our team in Journal of Hepatology (Alexopoulou A, Vasilieva L, Agiasotelli D, Dourakis SP. Fungal infections in patients with cirrhosis. J Hepatol. 2015 Oct;63(4):1043-5). We found a very high mortality in patients with fungi and we considered them as a specific group with different characteristics from patients with bacterial infections.
3. We plan to do PCR to detect and/or quantify the number of CFUs for microbes in a next study.

Reviewed by 03218024

This study evaluates the epidemiology and outcomes of culture-positive SBP and SB in decompensated cirrhosis. Overall, interesting study and well performed study with the only question being was the Child Pugh score used also?

AUTHORS: We did not determine the Child-Pugh score but we used MELD score to evaluate the disease severity because we considered MELD as a more objective tool for the evaluation of the severity of the disease.

Reviewed by 03015908

This is a nicely written paper about an important and interesting area. In this paper, Alexopoulou A et al. evaluated the epidemiology and outcomes of culture-positive spontaneous bacterial peritonitis (SBP) and spontaneous bacteremia (SB) in decompensated cirrhosis patients and revealed the factors

adversely affecting outcome included XDR infection, elevated creatinine and INR. The drug resistance of isolated bacteria to antibiotics also were investigated and authors provided the explanations of drug-resistance and the measures of preventing antibiotic-resistance. These findings are useful for clinicians to restrict overuse, make a more rational use of antibiotics, and eventually improve the survival of these patients. In my opinion, there is a global sensation of order. However, there are a few errors in English language, such as " could help improving (improve) survival", " MDR are difficult to treat bacteria (MDR bacteria are difficult to treat) ", " After SBP or SB diagnosis and in patients with clinical suspicion of infection (After SBP or SB diagnosis in patients with clinical suspicion of infection)", " Ninety nine patients (76.1%) had been hospitalized within the last six months (HCA) and/or developed nosocomial infections (Ninety nine patients (76.1%) had been hospitalized within the last six months and developed HCA and/or nosocomial infections)" and so on. In addition, Alcoholic (N,%) Viral (N,%) and Other (N,%) were italic in Table 1, which should be modified. I hope this article could give some valuable information for transplant clinicians.

AUTHORS: The corrections suggested by the reviewer were done.

Yours sincerely

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