April 18, 2022

RE: Manuscript NO.: 75858

Response to Reviewers

Dear Dr. Wang,

Thank you for granting us the opportunity to submit a revised version of the manuscript “Maternal peripartum bacteremia caused by intrauterine infection with Comamonas kerstersii: A case report”. We are grateful to the reviewers and editors for taking the time to carefully and thoroughly read this manuscript to provide us with valuable comments and constructive suggestions. Guided by this feedback, we have further revised our manuscript. The changes have been described in detail in our attached point-by-point reply to the reviewer’s comments. Our responses and the revised portions are in blue. The comments and suggestions from the experts have been very helpful in improving the overall quality of the manuscript. We sincerely hope that you will find this study of theoretical and practical importance for the readers of *World Journal of Clinical Cases*.

Once again, we are grateful to the reviewers and editors for their valuable comments and suggestions and look forward to your response.

Please do not hesitate to contact us with any questions.

Sincerely,

Yihong Zhao

Point-by-point reply to reviewers' comments:

Reviewer #1

1. Thank you all for these huge efforts. I suggest some editing that will improve the quality of this paper and makes it more clear: 1-In introduction, please move this sentence "our patient also had intestinal obstruction, upper gastrointestinal bleeding, and pulmonary embolism." to the end of introduction and edit it in which you can explain another points that can strengthen your study

Response: We are thankful to the reviewers for the valuable comments and suggestions. As suggested by the reviewer, the sentence has been moved to the end of the introduction and the following has been added:

> *"Compared with several cases of severe C. kerstersii infection in recent years [2, 7-9], besides abdominal pain and high fever, our patient also had intestinal obstruction, upper gastrointestinal bleeding, and pulmonary embolism. In this case report, we will discuss the clinical characteristics and analyze the unique complications associated with this case."*

2. Introduction usually discusses the literature review of the case without adding information from you study.

Response: We have changed the end of the introduction as follows:

> *"To the best of our knowledge, this is the first case-report of a complicated maternal case of C. kerstersii bacteremia. Compared with several cases of severe C. kerstersii infection in recent years [2, 7-9], besides abdominal pain and high fever, our patient also had intestinal obstruction, upper gastrointestinal bleeding, and pulmonary embolism. In this case report, we will discuss the clinical characteristics and analyze the unique complications associated with this case."*

3. In section "Chief complaints - CASE PRESENTATION", please try to clarify the sentence "0-0-0-1-0 pregnancy" by adding TPAL or/and GPA.

Response: As suggested by the reviewer, this section has been revised as follows:

> *"The patient, a 29-year-old woman with an obstetric history of G1 P0 A1 was diagnosed with pregnancy at 37 weeks + 6 days, hip position, and labor admission."*

4. In section "Laboratory examinations - CASE PRESENTATION", please add the reference ranges for WBCs and calcitonin.

Response: Calcitonin was reported in error and has been revised to "procalcitonin".

The reference ranges have been added for WBC and procalcitonin as follows:

> *"white blood cells pre-admission (reference range: 4.5—11.0 x 109/L)"*
>
> *"procalcitonin of 5.19 μg/L (reference range: 0-.05 μg/L)"*

5. In section "Imaging examinations - CASE PRESENTATION", please paraphrase the term "flat gas effusion" to be more obvious.

Response: We appreciate the reviewer for pointing out this erroneous description. We have removed this term as effusion (ascites) has already been described in this sentence. This section is as follows in the revised manuscript:

> *"The results showed multiple small intestine and colorectal expansion with intestinal obstruction, a small amount of abdominal and pelvic effusion and peritonitis, increased uterine volume, and an intermixed high and low intrauterine density."*

6. In section "Imaging examinations - CASE PRESENTATION", please add if a CT-scan was performed with or without contrast.

Response: As suggested by the reviewer, the following has been added:

> *"Because the patient had persistent abdominal symptoms, a CT-scan with contrast was performed."*

7. In section "Further diagnostic work-up - CASE PRESENTATION", please add the reference range for WBCs, SPO2, fibrinogen, D-dimer, fibrin, antithrombin III, and serum sodium.

Response: The following has been added to the revised manuscript:

> *"white blood count was > 20.00 x 109/L (reference range: 4.5—11.0 x 109/L)"*
>
> *"SpO_2 was 68% (reference range: 95%-100%)"*
>
> *"fibrinogen 4.03 g/L (reference range: 2—4 g/L)"*
>
> *"D-dimer determination 23.70 mg/L FEU (reference range: <0.50 mg/L FEU)"*
>
> *"fibrin degradation products 59.53 μg/ml (reference range: <10 μg/ml)"*
>
> *"antithrombin III 56.20% (reference range: 80—120%)"*
>
> *"serum sodium ion concentration of 164 mmol/L (reference range: 135-147 mmol/L)"*

8. - In section "TREATMENT - CASE PRESENTATION", please change metronidazole (250mg qd) to metronidazole (250mg qid).

Response: It has been changed as suggested by the reviewer.

9. In section "TREATMENT - CASE PRESENTATION", please review the unit of low-molecular-weight heparin "(2000u ih bid)".

Response: The unit has been changed to IU.

10. I highly suggest to add a timeline figure of the highlighted events which clarify the sequence of the case study.

Response: We have added a timeline (Figure 2) to the revised manuscript.

Reviewer #2

1. I would like to suggest making each paragraph justified throughout the document. It is better if you can broaden the literature search including some more complications related to this specific infection.

Response: As suggested by the reviewer, we have thoroughly researched the literature. Although, the literature on this specific infection is very limited, we have added the following to the revised manuscript:

> *"Previous reports have shown a clear association between C. kerstersii and peritonitis resulting from diverticulosis, pelvic peritonitis, a perforated appendix, and bacteraemia [2, 7, 8, 12,13]. Furthermore, an uncommon case of a 5-year-old girl with urinary tract infection caused by C. kerstersii has been published in 2018 [9]. There is even one report of C. kerstersii infection resulting from contact with contaminated fish tank water, in which the patient fully recovered with levofloxacin. [11]. The newest case report involving C. kerstersii infection is from March 2022. The prescribed case is unusual since the patient neither had predisposing conditions for his bacteremia, nor abdominal symptoms, except for recent constipation [14]. Although some strains are resistant to cephalosporins, the reports that have been discussed indicate excellent treatability with antibiotics and an optimistic prognosis following infection [15]."*

2. Make 2 of Oxygen subscript.

Response: As suggested by the reviewer, it has been changed to SpO_2.

3. I have pointed out some grammatical and punctuation errors that will be helpful for you.

Response: We appreciate the reviewer for pointing us to these errors. We have adapted them and professional English language editing has been applied to the revised manuscript.

Editorial office's comments

Science editor

1. This manuscript reported a maternal patient with a comamonas kerstersii bacteremia following caesarean section. Please add the reference ranges for WBC and calcitonin in laboratory examinations, and whether CT scans use contrast agents in imaging examinations.

Response: As suggested by the editor, the following has been added to the revised manuscript:

> *"white blood cells pre-admission (reference range: 4.5—11.0 x 109/L)"*
>
> *"procalcitonin of 5.19 µg/L (reference range: 0-.05 µg/L)"*
>
> *"Because the patient had persistent abdominal symptoms, a CT-scan with contrast was performed."*

2. Please cite more references in the Discussion discussing more complications associated with this particular infection.

Response: As suggested by the editor, we have thoroughly researched the literature. Studies on this pathogen are rare, however we managed to find a number of references. By reassessing and incorporating the reports that have been published, we have added the following new section to the discussion:

> *"Previous reports have shown a clear association between C. kerstersii and peritonitis resulting from diverticulosis, pelvic peritonitis, a perforated appendix, and bacteraemia [2, 7, 8, 12,13]. Furthermore, an uncommon case of a 5-year-old girl with urinary tract infection caused by C. kerstersii has been published in 2018 [9]. There is even one report of C. kerstersii infection resulting from contact with contaminated fish tank water, in which the patient fully recovered with levofloxacin. [11]. The newest case report involving C. kerstersii infection is from March 2022. The prescribed case is unusual since the patient neither had predisposing conditions for his bacteremia, nor abdominal symptoms, except for recent constipation [14].*

Although some strains are resistant to cephalosporins, the reports that have been discussed indicate excellent treatability with antibiotics and an optimistic prognosis following infection [15].”

Company editor-in-chief

1 Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor. In order to respect and protect the author’s intellectual property rights and prevent others from misappropriating figures without the author's authorization or abusing figures without indicating the source, we will indicate the author's copyright for figures originally generated by the author, and if the author has used a figure published elsewhere or that is copyrighted, the author needs to be authorized by the previous publisher or the copyright holder and/or indicate the reference source and copyrights. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is ‘original’, the author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s) 2022.

Response: The figures are original and copyright has been added to the PowerPoint file.

2. Authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content.

Response: The table has been edited as requested by the editor.