

March 20, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format.

**Title:** Sub-Acute endocarditis by *Corynebacterium Straitum*- An often ignored pathogen

**Author:** Vratika Agarwal, Valay Parikh, Mayur Lakhani, Chitradeep De, Apurva Motivala, Neville Mobarakai

**Name of Journal:** World Journal of Clinical Infectious Diseases

**ESPS Manuscript NO:** 8023

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

(1) It is not clear how CS was confirmed as a pathogen. I wonder that it was just a bystander rather than the cause of the disease. It would be ideal to present more comprehensive data demonstrating the identification of CS. Are there other bacteria identified from the microbiology test?

Answer: CS was confirmed as a pathogen based on repeat blood cultures and microbiological testing. This information has been added and highlighted in the case

(2) "Over the last several years with an estimated..." (delete full stop after years).  
The change was made as requested.

(3) CS" should be written in full: *Corynebacterium striatum*, at least the first time cited.  
This change has been made.

(4) Gentamycin and rocephin should be changed to gentamicin and ceftriaxone.  
Changes were made as requested.

(5) The microbiological methods used for identifying the organism should be stated.

Microbiological methods for identification of the bacterium included Gram's stain, acid fast staining and morphological characterization of the bacteria under direct microscopy. Colonies obtained from cultures were used for further chemical characterization like reduction of nitrates and utilization of glucose and sucrose. This information has been added and highlighted in the case and discussion.

(6) The antimicrobial susceptibility method should be also mentioned and the results stated.  
Results of antimicrobial testing has been added and highlighted.

(7) The authors should explain why after knowing antibiotic sensitivity ceftriaxone was maintained (was the patient treated with ampicillin plus gentamicin plus ceftriaxone?).

Ceftriaxone was maintained as the patient also has a co-existing urinary tract infection and the blood cultures positive for CS were thought to be contamination. But once the cultures were repeated and urine culture was resulted Ceftriaxone was discontinued. The antimicrobial sensitivity showed intermediate sensitivity to ampicillin

thus gentamicin was continued as well.

(8) Catalase does not distinguish *Corynebacterium* species as nearly all are catalase-positive.  
This line has been removed

(9) At present *C. hemolyticum* is not a recognized species within the *Corynebacterium* genus  
*C.hemolyticum* was removed from the discussion

(10) Reference 1. I believe it is not necessary to state that the journal *Clinical Infectious Diseases* is an official publication of the IDSA. 3. Reference 5. To my knowledge the *European Journal of Clinical Microbiology and Infectious Diseases* is not the official publication of the European Society of Clinical Microbiology and Infectious Diseases

The references have been edited. References and typesetting were corrected.

(11) *Corynebacterium striatum*, *C. striatum* and *Corynebacterium* should be italicized or underlined throughout the text

The above requested changes have been made.

Thank you again for publishing our manuscript in the *World Journal of Clinical Infectious Disease*.

Sincerely yours,

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