



ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 13481

Title: Complicated faecal microbiota transplantation in a tetraplegic patient with severe Clostridium difficile infection

Reviewer code: 00218012

Science editor: Su-Xin Gou

Date sent for review: 2014-08-25 09:01

Date reviewed: 2014-11-05 23:26

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This is a well presented case of an important complication. As more FMT procedures are performed, it is possible that more episodes like this will be seen. I think the authors could improve the manuscript by detailing the "Extensive work-up" that failed to reveal an infectious cause. They may reconsider their hypothesis in the discussion. Post-colonoscopy bacteremia does not usually happen 4 days post procedure. Also, if C diff was not in the stool anymore it is not clear why they believe "most likely Clostridium difficile might have passed the severely destroyed mucosal layer". Finally, the should give themselves some credit for the choice of antibiotics, as they are probably aware of the case reports of successful use of tigecycline for C diff colitis. I assume they refer to this when they call it "calculated intravenous antibiotic therapy".



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Title: Complicated faecal microbiota transplantation in a tetraplegic patient with severe Clostridium difficile infection

Reviewer code: 02587914

Science editor: Su-Xin Gou

Date sent for review: 2014-08-25 09:01

Date reviewed: 2014-09-03 07:05

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
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<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

It is an interesting case report on C. difficile disease (CDD) treated with fecal microbiota transplantation (FMT) in a patient suffering from acute spinal cord injury (SCI) who had been previously treated with antibiotics. The paper is well written and I find the case to be interesting and potentially useful to readers. It shows that FMT can be successfully applied in "particular situations" (SCI patients) and describes a potential complication of the procedure (systemic inflammatory response syndrome (SIRS)) scarcely described in the literature (Egressy K et al J Cyst Fibros. 2013 ;12:92-6.Recurrent C. difficile colitis in cystic fibrosis: an emerging problema). I believe that the information provided in this work is relevant and will contribute to a better understanding of new treatment strategies for CD disease therefore I think that the manuscript deserves to be published. However, I have the following comments/suggestions for your consideration: Major comments ? Abstract section. The authors write "after a variety of ineffective antimicrobial regimen including...." I think it should be specified that different treatments are ineffective because of the patient experimented several recurrences. ? The authors consider that one considerable result is that "antibiotic treatment after FMT does not necessarily prevent long-term cure of CDI...." and they conclude that "antibiotic treatment after FMT did not lead to a relapse of CDI ...". However all the antibiotics administered after FMT (Tigecyclin, Metronidazole, Vancomycin via PEG and additional enema) are recognised anti-CD treatments. Authors may consider adding to the discussion a



BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

<http://www.wjgnet.com>

comment regarding why they consider that the patient had responded to the FMT and not to the specific anti-CD antimicrobial therapy (metronidazole, tigecycline and vancomycin via PEG and enema) administered 4 days after FMT once SIRS had developed. ? Please clarify why the authors claim "a total of six relapses... "but only " four of which confirmed by culturing the bacterium". How did they exclude other potential causes of diarrhea including irritable bowel syndrome after *C. difficile* infection (Low risk of irritable bowel syndrome after *Clostridium difficile* infection. Piche T, et al. *Can J Gastroenterol.* 2007 Nov;21(11):727-31). ? Disruption of normal intestinal flora by antibiotics is the main risk factor for CDD. However the authors do not specify which antibiotics were administered to the patient prior to CDD development, how long and if they were administered concomitantly to CDD treatment which could justify the refractoriness to different CD "conventional" treatments. ? Please clarify which anti-CD antimicrobial dosing regimen was used to treat this patient (i.e vancomycin 125 mg versus 500mg 4 times per day) and how long both prior and after FMT once SIRS developed. ? Please provide references on the dosing regimen used for FMT. Consider to add to the discussion section a paragraph on different dosing regimens and weather they differ by method of delivery (upper endoscopy versus colonoscopy). Minor comments ? *C. difficile* should be written in italics in the title, along the text and in all the references



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Title: Complicated faecal microbiota transplantation in a tetraplegic patient with severe Clostridium difficile infection

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Science editor: Su-Xin Gou

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
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COMMENTS TO AUTHORS

1. Please provide a better description of the SIRS episode including the culture results. You did not convince me that the SIRS was due to the FMT based on the way you presented it 2. In your discussion, please explain why you think a SCI patients would respond any differently than a normal patient. I assume I know why you think they would respond differently, but you do not clearly explain the reasons why 3. Your writing was in current tense, but cases are written in past tense. This makes it hard to read 4. Paragraph 2 states"culturing the bacterium" which is not how CDI is diagnosed. So I am not sure what you are referring to 5. Did any of your treatments include vanco tapers? if so, for how long. You are vague in your CDI treatments