

Dear Professor Peng Baogan and the editorial board of World Journal of Orthopedics

Please find enclosed the manuscript: "Recurrent Surgical Site Infection After Anterior Cruciate Ligament Reconstruction – An Unusual Presentation and Our Experience" authored by Don Koh et al., to be submitted as a Case Report to the World Journal of Orthopedics for consideration of publication.

All co-authors have seen and agree with the contents of the manuscript and there is no financial interest to report. We certify that the submission is not under review at any other publication. We thank the reviewers for their detailed feedback regarding our manuscript.

Reviewer 1: *Interesting case. But I think the authors did not investigate or discuss about why it happened and why it is long time period. More detailed discussion is recommended.*

The approach the lead author took was to ensure that there was no intra-articular extension, through physical examination and targeted imaging modalities. In addition, the use of a diagnostic arthroscopy was useful in ensure there was no intra-articular extension or graft compromise (Figure 3). Decision was then made to preserve the graft and remove the affected implant instead.

We proposed probable reasons why re-infection occurred with the same pathogen – *E. cloacae*. Reaction to the implants and suture material as well as seeding of bacteria around these implants may be the cause of the chronic and insidious infection on both occasions. Re-infection is likely due to incomplete bacterial eradication.

Literature detailing gram-negative pathogens such as ECC is scarce, limiting our understanding of its true incidence and pathogenicity. The long interval period of re-infection is unusual as well and may be representative of the indolent nature of *E. cloacae*. We reviewed the existing literature on gram negative pathogens and graft infections as well as *E. cloacae* as a pathogen.

We have added the following paragraph at the end of our discussion.

"The attributes of *E. cloacae* makes complete eradication challenging, especially in setting of implant involvement. Unlike common pathogens (e.g. *Staphylococcus aureus* and coagulase-negative *Staphylococcus*), *E. cloacae* presents as an indolent chronic infection presenting years after initial inoculation. The cause remains unclear. However, in the setting of prior infection, incomplete eradication is the most likely cause for recurrent surgical site infection. In addition, foreign body reaction played an important role in the initial swelling and effusion over the interference screw and Endobutton sites. Non-involvement of the graft, noted during arthroscopy, suggests that the graft did not

serve as a conduit for infection. The authors have demonstrated that a favourable outcome can be achieved with graft preservation when the graft is not compromised.”

Comments:

1. We have amended the sentences highlighted by crosscheck.
 - a. “ECC comprises of six species showing genetic relatedness to *E. cloacae* – namely *E. ludwigii*, *E. nimipressuralis*, *E. kobei*, *E. asburiae*, *E. cloacae* and *E. hormaechei*.” – has been re-written and the original author referenced.
2. Our running title has been amended to be in keeping with WJO requirements.
3. Audio file regarding the core-tip has been uploaded.
4. Figures are now sequenced in order of appearance within the write up
5. References have been formatted to WJO requirements.

We have accepted the reviewer’s feedback and amended it accordingly. By making the above changes, we hope that the editors will consider this manuscript for prompt publication. We believe that our findings will be of interest to the readers of your journal and would influence practice.

Thank you.

Sincerely yours,

Don Koh on behalf of the authors.

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