

## **Reviewer Comments, Author Responses, and Manuscript Changes**

### **Editor**

**Comment 1:** Microbes, Infection and Chemotherapy requires that all authors take public responsibility for the content of the work submitted for review. The contributions of all authors must be described in the following manner:

The authors confirm their contribution to the paper as follows: study conception and design: X. Author, Y. Author; data collection: Y. Author; analysis and interpretation of results: X. Author, Y. Author. Z. Author; draft manuscript preparation: Y. Author. Z. Author.

All authors reviewed the results and approved the final version of the manuscript. All authors agreed to be responsible for all aspects of the work to ensure the accuracy and integrity of the published manuscript.

An author's name can appear multiple times, and each author's name must appear at least once.

**Response:** The suggested changes were made with the format designated by the editor.

**Changes:** The authors' contributions were changed on the title page.

### **Reviewer A**

**Comment 1:** The title is moderately relevant; consider making it more concise and directly reflective of the main focus.

**Response:** It was decided to make both the title and the running title more concise.

**Changes:** The titles were changed in both documents.

**Comment 2:** The abstract is well-structured, but consider adding specific numerical information for enhanced clarity.

**Response:** Thank you for the observation. Temperature quantification was added for clarity.

**Changes:** We add the temperature in the physical exploration part of the abstract.

**Comment 3:** The introduction is well-organized and detailed, but briefly mention the methodological foundation for improvement.

**Response:** Thank you for the comment. We decided to add a little more detail to the echocardiography part.

**Changes:** We add the echocardiography part on line 5 of the first paragraph of the introduction.

**Comment 4:** The results section effectively communicates key information without unnecessary redundancy.

**Response:** Thank you for your comment.

**Changes:** None.

**Comment 5:** The discussion demonstrates a good level of critical analysis, providing a thorough exploration of relevant literature and the specific case.

**Response:** Thank you for your comment.

**Changes:** None.

**Comment 6:** The conclusion is concise and aligns with the study's objectives, offering a clear takeaway from the case report.

**Response:** Thank you for your comment.

**Changes:** None.

**Comment 7:** The references are well-formatted, diverse, and meet the expected standards; however, check for potential duplications.

**Response:** Apologies for duplicating one of the references.

**Changes:** References 4 and 11 were the same, we proceeded to eliminate the 11.

**Comment 8:** The manuscript is generally well-written with acceptable language usage; a thorough proofreading could enhance clarity and professionalism.

**Response:** Thank you very much, we put it through a grammar correction software at the end.

**Changes:** Software suggestions were made.

## **Reviewer B**

**Comment 1:** The title is somewhat relevant to the content of the article as it provides information about the specific case being discussed (Right-Sided Endocarditis in a Central Venous Catheter Carrier) and mentions the causative agent (*Aeromonas hydrophila*). However, it could be more concise and directly reflect the main focus of the article. Consider revising the title for better clarity and conciseness.

**Response:** It was decided to make both the title and the running title more concise.

**Changes:** The titles were changed in both documents.

**Comment 2:** The abstract provides a clear overview of the topic, including the patient's background, clinical presentation, diagnostic findings, and treatment. It is written in an objective and concise manner, covering the essential elements such as objectives, research methods, results, and conclusions. However, consider providing specific numerical information about the results to enhance the clarity and completeness of the abstract. Overall, it effectively communicates the key aspects of the case report.

**Response:** Thank you for the observation. Temperature quantification was added for clarity.

**Changes:** We add the temperature in the physical exploration part of the abstract.

**Comment 3:** The introduction provides a clear presentation of the subject, offering relevant background information on right-sided endocarditis and its association with specific patient profiles. The mention of the clinical differences and more favorable prognosis compared to left-sided endocarditis adds context. Additionally, the introduction justifies the problem by highlighting the rarity of *Aeromonas hydrophila* infections in humans and its infrequent association with endocarditis. The objectives of the study are clearly stated. However, for improvement, consider briefly mentioning the methodological foundation or approach used in the study. Overall, the introduction is well-organized and detailed.

**Response:** Thank you for the comment. We decided to add a little more detail to the echocardiography part.

**Changes:** We add the echocardiography part on line 5 of the first paragraph of the introduction.

**Comment 4:** The results are presented adequately, providing a detailed account of the patient's case, clinical findings, diagnostic procedures, and treatment outcomes. The narrative is clear, and the chronological order of events is well-organized. The inclusion of relevant laboratory results, imaging findings (Figure 1), and the evolution of the

patient's condition contributes to a comprehensive understanding of the case. It's worth noting that the results section does not seem to be redundant with tables or graphs, which is appropriate for a case report. However, if there are additional quantitative data or measurements that could be effectively summarized in a table, it may enhance the presentation of results. Overall, the results section effectively communicates the key information without unnecessary redundancy.

**Response:** Thank you for your comment.

**Changes:** None.

**Comment 5:** The discussion section presents a thorough and critical analysis of the case, connecting it to relevant literature and providing a comprehensive understanding of right-sided endocarditis, particularly in the context of the patient's condition. The discussion covers various aspects, including the epidemiology of right-sided endocarditis, risk factors, the role of intravascular catheters, and the rarity of *Aeromonas*-related endocarditis. Additionally, the discussion delves into the choice of imaging techniques (TTE and TEE) and the microbial etiology, providing insightful information on the prevalence of different microorganisms causing right-sided endocarditis. The discussion effectively highlights the uniqueness of the presented case in terms of the location of the vegetation and the association with *Aeromonas hydrophila*. It appropriately discusses the treatment approach, considering the patient's condition, the antibiotic regimen, and the rationale behind the choice of antibiotics.

Overall, the discussion section demonstrates a good level of critical analysis and provides a well-rounded exploration of the relevant literature and the specific aspects of the case.

**Response:** Thank you for your comment, the use of the antibiotic was decided due to a recommendation by the infectious disease specialist of our unit, which was based on the result of the antibiogram.

**Changes:** None.

**Comment 6** The conclusion is concise and directly addresses the main findings and outcomes of the study. It appropriately summarizes the rarity of the case, highlights the relevant risk factors, and emphasizes the successful treatment using fluoroquinolone antibiotics. The conclusion aligns with the objectives of the study, providing a clear takeaway from the presented case report. Consider adding a brief mention of the importance of awareness and vigilance in diagnosing and treating such rare cases. Overall, the conclusion effectively communicates the key inferences and teachings derived from the investigation.

**Response:** Thank you very much for your response, it was decided to briefly add the importance of considering less common pathogens in patients with risk factors.

**Changes:** What was requested was briefly added in the conclusion paragraph.

**Comment 7:** The references appear to be well-formatted and follow the Vancouver citation style. Each reference provides essential details such as authors, title, source,

volume, issue, and page numbers where applicable. The inclusion of a variety of sources, including journal articles and case reports, enhances the overall quality of the references.

However, please double-check for any potential duplications in the references. For example, references 11 and 12 seem to be the same case of "Unusual case of *Aeromonas hydrophila* endocarditis" by Ong et al. Consider removing the duplicate entry.

Overall, the references meet the expected standards, and the bibliography is appropriately formatted.

**Response:** Apologies for duplicating one of the references.

**Changes:** References 4 and 11 were the same, we proceeded to eliminate the 11.

**Comment 8:** The manuscript appears to be generally well-written with acceptable language usage. However, it's recommended to carefully review the text for any minor language adjustments that could enhance clarity or flow. Additionally, ensure that there are no spelling or grammatical errors that may affect the overall readability of the manuscript. A thorough proofreading could be beneficial to ensure the highest level of accuracy and professionalism in the language used.

**Response:** Thank you very much, we put it through a grammar correction software at the end.

**Changes:** Software suggestions were made.

## **Reviewer C**

**Comment 1:** - A case report of endocarditis due to an unusual microorganism is presented.

- A definite case of right heart disease is presented.

**Response:** It was decided to make both the title and the running title more concise.

**Changes:** The titles were changed in both documents.

**Comment 2:** - The case is presented concisely, indicating the infrequent finding of *Aeromonas hydrophila* as the cause of endocarditis.

- An adequate number of words is contemplated.

**Response:** Thank you for the comment.

**Changes:** None.

**Comment 3:** - The unusual endocardial presentation of infection by *Aeromonas hydrophila* is reported.

- The intention of the article is stated: to present and report an unusual case.

**Response:** Thank you for your comment.

**Changes:** None.

**Comment 4:** - The clinical case and the medical care processes provided are described.

- The diagnostic process is detailed: sampling and echocardiography.
- It also describes the evaluation by specialty: infectious disease medicine.

**Response:** Thank you for your comment.

**Changes:** None.

**Comment 5:** - It is recommended to show antibiogram results in a descriptive table.

- It is recommended to include photographs of the culture.

**Response:** The results of the antibiogram were included in a table, to make it more visual. However, we do not have the photographs available.

**Changes:** We add the results of the antibiogram in Table 1.

**Comment 6:** - The cause of endocarditis and potential risk factors are explained.

- Immunosuppressive factors associated with *Aeromonas hydrophila* infection are detailed.
- The hypothesis of cause of infection: chronic renal failure in dialysis is provided.
- Antimicrobial optimization guided by antibiogram is described.

**Response:** Thank you for your comments.

**Changes:** None.

**Comment 7:** - The rare presentation of the case, which motivated the report, is described.

- It is recommended to add: "more studies are required to consider *Aeromonas hydrophila* as a microorganism associated with endocarditis in dialysis patients".

**Response:** Thank you for your recommendation.

**Changes:** We decided to add your suggestion in the conclusion.

**Comment 8:** - It is recommended to add tables or images of the microbiological isolation.

**Response:** Thank you for your recommendation.

**Changes:** Table 1 was added with the antibiogram.