

# Review of: "Overwhelming Post-Splenectomy Bacteremia Due to Streptococcus bovis Group Organisms: Report of Three Cases and Review of the Literature"

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Potential competing interests: No potential competing interests to declare.

This case series adds to the current body of literature reporting post-splenectomy bacteremia and sepsis. The research question is definitely relevant and contributes to an expanded characterization of OPSI, in the era of universal vaccination of these patients against encapsulated bacteria. Addressing the following points could enhance the manuscript's validity and scientific value.

- The previous or current administration of immunosuppressive drugs should be explicitly reported when known. In addition, the presence of secondary hypogammaglobulinemia should be mentioned if known, especially given the high incidence of hematological disorders and/or possible previous B cell-depleting therapies.
- Follow-up (including its timing and outcome) could be reported in the table if known.
- Terminology optimization: The term "Idiopathic thrombocytopenic purpura" now tends to be replaced by "Immune thrombocytopenia" given the better understanding of its (auto-)immune etiology and the possible absence of purpura clinically-wise. "HIV infection" also seems more appropriate than "HIV disease".
- Regarding the pathophysiological mechanisms of OPSI, it would be worthwhile to comment on the potential mechanisms involved in *S. bovis* bacteremia in contrast to those involved in infections due to encapsulated pathogens.
- In the table, please correct "TTE" to "TEE" for patient 6, and verify this information for other patients.
- Information on the susceptibility profiles of the isolated strains, especially if penicillin resistance was found in any patient, could be interesting. This information could be combined with a brief explanation of the choice of antimicrobials, which seems unusual in some cases.
- The rarity of the reported infection and its consistent association with additional immunosuppressive conditions, other than splenectomy, makes it difficult to conclude a causal relationship or even an association between the two conditions. Hence, a more flexible phrasing would be more suitable in the "Conclusions" section. Instead of being affirmative (".... should be added to the bacterial species associated with OPSI"), the authors could suggest that "awareness should be raised regarding this pathogen". Reporting the incidence of infections due to traditional encapsulated bacteria, and other gram-positive and gram-negative bacteria in splenectomized patients would also provide better insights into a potential association.

