Review of: "Aerococcus urinae Endocarditis: An Emerging Infectious Disease"

Kamila Korzekwa

Potential competing interests: No potential competing interests to declare.

The work is extremely interesting - however, I have a few questions:

A. Is A. urinae analyzed in the context of endocarditis? What about other infections with this etiology?

There is a lack of information in the introduction that endocarditis is the result of microbial transmission into the blood and most often results from an acute primary disease.

The table shows that often the point of resolution is from the urinary tract. It would be worthwhile to address this somewhat.

Is the problem of endocarditis of this etiology "emerging" because we have learned to identify A. urinae? It's like the high rate of HIV infections observed in developed countries. The most common reason for this is that there is more testing (detection), not more cases. 50 cases is not yet an "emerging" problem.

1. Case report section

1a. Did the patient have microbiological diagnostics performed on initial admission? If a bacterial etiology was suspected, were blood cultures performed immediately? It should be assumed that with the current leukocytosis and accompanying symptoms of infection, empirical antibiotic therapy was started right away. What, then, is the diagnostic value of blood cultures after 3 days? Where are the values of CRP, creatinine, procalcitonin?

1b. Was the vegetation at the aortic valve examined microbiologically on the second admission?

2. In the context of the table, the route of antibiotic administration is missing. This is important in the context of pharmacokinetics and dynamics.