

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

Clevenbergh Philippe<sup>1</sup>

<sup>1</sup> University-Hospital Brugmann UVC

Potential competing interests: No potential competing interests to declare.

Hello

Please put all microbes names in italic

Case is has other risk factors for severe infection please adress.

Case 1: Why such « broad » spectrum antibiotics were used? Any other pathogen identified or underlying pathology (biliary tract, or...)?

Case 1: What is the entry point ? which investigations were carried out?

Case 2: While empirical treatment might be broad, I wonder why large spectrum drugs like ceftriaxone were used, and later linezolid, what the strain resistant to ampicillin? What is the drug sensitivity profile of the *S. bovis*

Case 3: Once again, I am strange to the choice of antibiotics

discussion: So why to call them , isn't it better to call SBSEC?

conclusion: Is that a real association, what is the pathogenicity of SBSEC in general or immunosuppressed population like hematologic malignancies or solid tumor I you have 1.000.000 asplenic patients, some might develop SBSEC shock with no specific relations. As you mentioned asplenia is causing an array of immune deficiencies and other germs like *S. aureus* might be involved. Is that the case? I would like to have a better depiction of other germs causing OPSI.

Wish it helps

Best regards

Ph Clevenbergh