

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

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This is an important contribution to our understanding of an emerging infectious agent causing endocarditis. I have some suggestions to rearrange the article: 1. Parts of the Discussion could be moved to the introduction, especially the introduction of the species and the characterization of the bacteria. Why not also include any differential diagnostics towards the very similar viridans streptococci if applicable? Even if Maldi-Tof is more or less standard in the hospital labs nowadays, it may be good to have some idea about other methods to differentiate *Aerococcus* from streptococci. 2. After the introduction, it would be good to have a review of earlier reported cases before the new case is presented. 3. The following sentences are not clear to me: "The patient was treated with parenteral ceftriaxone for 3 days with rapid improvement of his fever and weakness, and he was therefore transitioned to parenteral vancomycin on day 4 after the identification of the organism. He was not felt to have endocarditis and was changed to oral amoxicillin on hospital day 5." First, I do not understand the transition to vancomycin after the patient showed improvement. Secondly, what is meant by "He was not felt to have endocarditis"? Was that the experience of the patient or an opinion of the clinician?