



### REVIEWER'S REPORT

Manuscript No.: IJAR-51638

Date: 17-05-2025

**Title: A Silent Invader: Cutibacterium acnes Endocarditis Presenting with Obstructive Mitral Vegetation and Catastrophic Embolic Complications**

**Recommendation:**

Accept as it is.....**YES**.....

Accept after minor revision.....

Accept after major revision .....

Do not accept (*Reasons below*) .....

Rating	Excel.	Good	Fair	Poor
Originality			√	
Techn. Quality			√	
Clarity			√	
Significance		√		

**Reviewer's Name:** Tahir Ahmad

**Reviewer's Decision about Paper:** Recommended for Publication.

**Comments** (*Use additional pages, if required*)

### Reviewer's Comment / Report

**General Assessment:**

This case report provides a comprehensive overview of a rare and clinically significant presentation of infective endocarditis (IE) involving obstructive mitral valve vegetation caused by *Cutibacterium acnes*. The report is valuable for its detailed clinical insights and highlights the challenges posed by this uncommon pathogen and presentation, particularly the critical balance in management between surgical intervention and hemorrhagic risks.

**Abstract:**

The abstract clearly states the background, case presentation, and conclusion in a concise manner. It effectively communicates the rarity of *C. acnes* causing native mitral valve obstructive vegetation and the ensuing embolic complications. The keywords are appropriately selected and align well with the content.

**Introduction:**

The introduction succinctly contextualizes IE as a serious clinical condition, emphasizing its high mortality and stroke risk. It positions *C. acnes* as an unusual causative agent, especially in native valve infections, providing a relevant literature foundation for the case. The cited mortality rates and common pathogens reinforce the significance of the case's novelty.

## REVIEWER'S REPORT

### **Clinical Relevance:**

The report underscores the importance of recognizing atypical presentations of IE, especially those involving rare pathogens and uncommon complications like obstructive vegetations leading to embolization. This focus adds clinical value and urgency to the discussion.

### **Case Presentation and Clinical Details:**

Although not included in full here, the summary indicates that the case is described with attention to the critical complications—multisystem embolism affecting coronary, cerebral, renal, and splenic territories—which illustrates the severity and systemic impact. The report acknowledges the management challenges faced due to hemorrhagic risk and surgical timing, which is clinically pertinent.

### **Scientific and Medical Context:**

The report situates *C. acnes* within the wider spectrum of IE pathogens and highlights its association more frequently with prosthetic valves, thus reinforcing the rarity of this native valve presentation. This distinction adds depth and scientific rigor to the analysis.

### **Structure and Clarity:**

The structure follows a logical and conventional format suitable for medical case reports. The language is precise, formal, and accessible to clinical audiences. Technical terms are appropriately used without unnecessary jargon, ensuring clarity.

### **Contribution to Literature:**

By documenting a rare presentation of *C. acnes* endocarditis with obstructive mitral vegetation and catastrophic embolic sequelae, the paper contributes valuable knowledge that could inform clinical awareness and future guideline development regarding diagnosis and management of such cases.

### **Conclusion:**

The conclusion appropriately highlights the unusual nature of this presentation and the necessity for prompt intervention, emphasizing the clinical lessons learned.

### **Overall Impression:**

This report is a well-crafted clinical case study that expands understanding of rare *Cutibacterium acnes* IE presentations. It effectively highlights diagnostic challenges, severe complications, and the delicate balance required in therapeutic decision-making, making it a meaningful contribution to clinical infectious disease and cardiology literature.