

REVIEWER'S REPORT

Manuscript No.: IJAR-54442

Title: An uncommon cause of infective endocarditis in a healthy 11-year-old girl with native heart valve,

Recommendation:

Accept as it is

Accept after minor revision.....

Accept after major revision

Do not accept (*Reasons below*)

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

Reviewer Name: Dr. G. Renuka

Detailed Reviewer's Report

Overall Evaluation

This is a well-documented and informative case report describing a rare instance of *Anaerococcus prevotii*-induced infective endocarditis (IE) in a previously healthy pediatric patient with a native valve. The case is significant because it highlights an uncommon pathogen in a clinical setting where IE itself is rare, particularly in children without predisposing cardiac disease. The report is generally well-structured, clinically sound, and adds novel information to the medical literature. However, several areas could benefit from clarification, condensation, and strengthening of discussion and references.

Major Comments

Novelty and Clinical Relevance:

The case is indeed novel, and the authors have made this clear. However, the claim that this is “the first reported pediatric case” of IE due to *Anaerococcus prevotii* should be supported by a formal literature search or citation (PubMed/Scopus). Consider adding a short line on the method of confirming this rarity (e.g., “A PubMed search using the keywords ‘*Anaerococcus prevotii*’ and ‘infective endocarditis’ revealed no prior pediatric cases.”).

Abstract:

The abstract is informative but somewhat long and can be made more concise. Focus on the objective, clinical findings, microbiologic identification, management, and outcome. Example: combine lines 15–20 into a single sentence to avoid repetition.

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Case Presentation:

The case is well-detailed; however, the text would benefit from paragraph breaks to improve readability—especially at points where history, examination, and investigations change.

Clarify the time course: when exactly was the dental extraction done relative to symptom onset?

Include the duration of total antibiotic therapy more clearly (pre- and post-surgery).

Specify the antibiotic susceptibility pattern of *Anaerococcus prevotii*, if available, or note if susceptibility testing was not possible due to laboratory limitations.

The echocardiographic findings are described in great detail—consider summarizing the key findings in a table or figure instead of repeating full measurements.

Microbiology and Diagnosis:

It would be useful to mention the culture method or anaerobic system used to grow *A. prevotii*, as this may guide other clinicians in similar cases.

Add a brief comment on why the initial empiric therapy (vancomycin + gentamicin) may not cover anaerobes, reinforcing the diagnostic challenge.

Discussion:

The discussion is informative but could be better structured by organizing it into subsections:

- a) Epidemiology of IE in children
- b) Role of anaerobes in IE
- c) Review of *A. prevotii* infections in literature
- d) Diagnostic and therapeutic considerations

Consider shortening the background on general IE incidence (lines 137–147) and expanding on why *A. prevotii* is rarely isolated and difficult to identify.

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A short discussion on potential source of infection (post-dental extraction) and how it might relate to anaerobic flora translocation would strengthen the paper.

Language and Formatting:

The manuscript would benefit from minor language editing for grammar and flow.
For example:

“She didn’t have any obvious tooth decay” → “She had no evidence of dental caries.”

“Eye examination was done which was normal” → “Ophthalmologic examination was normal.”

Please maintain consistent spacing and punctuation (e.g., “2.5 months,” “mmHg,” “mm”).

Conclusion:

The conclusion is well-written but can be condensed slightly to avoid repetition. Emphasize the clinical takeaway:

“This case underscores the importance of considering anaerobic organisms in pediatric IE, even in the absence of cardiac or systemic risk factors, and highlights the need for early echocardiography and anaerobic cultures in children with prolonged fever.”

Minor Comments

Line 23: Add a space between “Hospital (AJCH)” → “Hospital (AJCH)”.

Line 27: “She experiences” → “She experienced.”

Line 63: Replace “In the suspicion of IE” with “With a clinical suspicion of IE.”

Line 84: “Following ECHO almost after 3 weeks of admission” → “Follow-up echocardiogram three weeks after admission.”

Line 183: “Complex presentation and management” could be “Challenging presentation and management.”