[LETTERS TO THE EDITOR]

The Authors' Reply to "Rapid Progression of *Cardiobacterium* Endocarditis"

Key words: infective endocarditis, 16S-rDNA sequencing

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The Authors Reply We thank Drs. Fukuchi and Sugawara for their important comments (1) pertaining to our recently published article (2). We very much appreciate this opportunity to formally address their comments.

The first concern was regarding host factors, such as whether or not our patient was immunocompromised or had a previous diagnosis of cerebral aneurysm. We noted no immunocompromising factors during hospitalization, and the patient did not show any evidence of cerebral aneurysm at common locations (i.e., internal carotid artery). Peripheral cerebral aneurysms are rare and difficult to detect, even in cases of infective endocarditis.

Regarding the analysis of this pathogen using 16S-rDNA sequencing, the patient's initial blood cultures revealed Gram-negative bacilli after 6 days and *C. hominis* 20 days after the onset. *C. hominis* was detected from the initial two

sets of blood culture samples obtained at the initial hospital. This hospital outsources sample analyses to other facilities, with results coming back positive 20 days after the onset. We do agree that whether or not this pathogen was analyzed by 16S-rDNA sequencing should be noted; however, we did not have an opportunity to confirm this. We hope that this reply resolves the concerns of Dr. Fukuchi, Dr. Sugawara, and other readers.

The authors state that they have no Conflict of Interest (COI).

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References

1. Okumura E, Tsurukiri J, Yamanaka H, et al. Intracranial hemorrhaging following *Cardiobacterium hominis* endocarditis. Intern Med **58**: 1361-1365, 2019.
2. Fukuchi T, Sugawara H. Rapid progression of *Cardiobacterium* endocarditis. Intern Med **59**: 149, 2020.

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