

Reviewer #1:

Dear reviewer, thank you for your comments.

Regarding the suggested modifications (modifications highlighted in yellow):

1. The history should be more concise and focused to this infective disease. (eg . Line 82-82 inflammation markers ? Line 65, 91 good conditions?)

*As suggested, we made minor changes to the case report (Patient 1) [Lines 83-84 and Line 92].
We think that the description of the Clostridioides difficile infection is an important part of the patient's history and clinical course.*

We would be glad to make additional modifications, if needed.

2. Table 1 shows MIC data using which method? Broth dilution method, Agar dilution method, Epsilometer method, or other method?

We specified that MIC are calculated by Phoenix™ automated system (information now added to caption of Table 1).

3. Susceptibility of antibiotics is based on CLSI? Which version? Is there more accurate data?

We indicated the recommended breakpoints used [Lines 69-70].

4. Microorganisms are not written according to international standards.

It has been corrected.

5. Lin 105, why to combine fosfomycin?

We added fosfomycin to cefepime empirically because fosfomycin achieves meaningful bone distribution. In addition, fosfomycin exhibited synergy with different classes of antibiotics including β -lactams.

6. Line 20 We think you mean "One patient (33.3%) was diagnosed with Clostridium difficile colitis". "Only one adverse drug reaction" is not suited.

We have rephrased the sentence as "One potential drug-related adverse effect was observed, i.e. Clostridioides difficile infection, which occurred after fourteen days of treatment with ceftazidime-avibactam" [Lines 20-21] and added a comment in discussion [Lines 199-201].

We think that sentence is more accurate, emphasising the potential drug-related adverse effect related to systemic antibiotic therapy.

We are available to make further changes in the next revisions.

7. The study of Ceftazidime-avibactam and aminoglycoside fractional inhibitory concentration against pseudomonas aeruginosa may be more interesting.

In our cases, we have not established fractional inhibitory concentration. However, we've included a comment on ceftazidime-avibactam combination with other antibiotics in P. aeruginosa [Lines 177-187].