Author's response to reviews

Title: Hospital-acquired invasive pulmonary aspergillosis in patients with hepatic failure

Authors:

Dan Li (lidan@shaphc.org)
Liang Chen (chenliang@shaphc.org)
Xian Ding (dingxian@shaphc.org)
Ran Tao (taoran@shaphc.org)
YongXin Zhang (mzld@hotmail.com)
JieFei Wang (immu_lab@hotmail.com)

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Author's response to reviews: see over
Major Compulsory Revisions:

Q1. In their comments, authors stated that TBLB was performed in 7 patients and PPLB in 2 patients. However, in their revised manuscript, they stated that TBLB was performed in 8 patients and PPLB in 4 patients. Please clarify.

A: Yes, the reviewer is careful. In the original draft, we just enrolled the nine proven IPA as participants. The nine patients were proven IPA by lung biopsies, 7 patients by TBLB and 2 by PPLB. While in the revised paper, all patients suspicious of IPA were enrolled, and twelve cases were performed lung biopsies. TBLB was performed in 8 patients and PPLB in 4 patients.

In the comments, when answer to the question “How many lung biopsies have been performed during the study period?” we did not clarify the participants, so that the reviewed misunderstood.

Q2. In their comments, authors stated that complications (one pneumothorax and 2 haemoptysis) occurred in 3 patients after lung biopsy. This should be added to the manuscript.

A: The complications of lung biopsy were added to the manuscript according to the review’s suggestion and highlight in blue color in the revised manuscript (Page 5).

Q3. 9 of 12 (75%) biopsies performed for suspicion of IPA confirmed this diagnosis. This rate is impressive and should be commented in discussion section.

A: An aggravated condition during the usage of antibiotics, such as an unexpectedly breakdown in mental status, a markedly increase in serum total bilirubin, a decreased in PTA with antibiotic resistant fever, indicated a suspicious of fungal infection. Although candida monilia is most common pathogen in clinical fungal infection, the change of the leukocyte counts and the percentage of neutrophil would give clues on diagnosis and differential diagnosis of candida monilia infection and euroutium infection. A rapid progression on thoracic CT scan with no response to antibiotic therapy would reinforce the judgement. In fact, in our study, the leukocyte counts was elevated in 91.7% (11/12) patients, and the percentage of neutrophil raised in all patients (Page 7).

Q4. Results section is rather lengthy and should be shortened. Some of the results could be presented in a table.

A: The demographic, clinical and laboratory data of the patients with IPA were summarized in tables.

Q5. Pages should be numbered and modifications should be highlighted.

A: Yes, we accept the reviewer’s advice.
Answer to Freedom

Minor Essential Revisions:
Q1: Page 3: Methods and materials: Correct spelling for brief.
A: All of the brief spelling in the manuscript was corrected to their completed spelling as first occurrence.

Q2: Page 6: Results: It is unclear whether the figures in brackets (22-51) represents a range or confidence interval.
A: In the original draft, the mean of MELD scoring was 30, and the figures in brackets (22-51) represents a range. In the revised manuscript, the clinical data of the patients has been summarized in tables, and the MELD scoring was described in “Mean±SD”.

Q3: Page 7: Results: Be consistent report the range as from 4 to 11 and not 1-16.
A: Six patients were suspicious of IPA in the first day of admission, and received antifungal treatment after the specimens collected, although the definite diagnosis did not arrive. So, the span of suspicious of fungal infection to antifungal treatment was range from 1~16 days and not 4 to 11 days.

Q4: Page 11: Table 1: Include standard deviations for the means of age and MELD scoring.
A: The MELD scoring in was calculated by the formula:
The MELD score = 10 * [(0.957 * LN(serum creatinine in mg/dL)) + (0.378 * LN(total bilirubin in mg/dL)) + (1.12 * LN(international normalized ratio) + 0.643)]
The figures in Table 3 in the revised manuscript (Table 1 in original) represent the status before antifungal treatment, and no SD data could be offered.

Q5: The notation “Mean±SEM” is used throughout the manuscript and should be changed. The interval resulting from the expression represents a 68% confidence interval for the true mean if the variable under consideration is normally distributed, but is not of any particular interest, even when Normality assumption is justified. The convention “Mean (SD)” or “Mean (SEM)” is preferable.
A: Yes, we accept the review’s suggestion.