Reviewer's report

Title: Successful management of cryptococcosis of the bilateral adrenal glands and liver by unilateral adrenalectomy with antifungal agents: a case report

Version: 2 Date: 15 September 2011

Reviewer: Marcia Lazera

Reviewer's report:

REVIEWER COMMENTS
1 Abstract
5……..There have been a small number of reports describing
6 immunocompetent individuals who developed adrenal cryptococcosis.

R: The authors describe a case of cryptococcosis in a man with mild type 2 diabetes mellitus, which is a predisposing factor associated to the risk to acquire cryptococcosis, but not in a immunocompetent host. We suggest to compare and analyse the present case as oportunistic cryptococcosis associated to mild type 2 diabetes, caused by Cryptococcus sp, presenting an unusual disseminated form with adrenal insufficiency due to extensive bilateral adrenal lesions and liver abscess.

11- antifungal therapy….

R: Please, inform the drug or drugs used

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Case apresentation

8…………..Approximately 2 weeks before the emergence of his clinical symptoms, he walked around a cave where he found a lot of bird droppings and feathers

R: Do the authors suggest the source of infection for the present case? did they analyse samples from the suspected source? If so, this point must be included in Discussion.

13 were normal without signs of meningitis ………

Cryptococcal meningitis is frequently associated to disseminated forms. The absence of signs of meningitis does not exclude the diagnosis. CCT and lumbar puncture for mycological examination and cryptococcal antigen test of the cerebrospinal fluid are necessary to be described in this case

10 presence of 5-µm spherical yeast-like organisms, such as Cryptococcus neoformans,
Since the serum cryptococcal antigen titer was 1:256,12 cryptococcosis of the bilateral adrenal glands and liver was diagnosed.

R: The histopathological examination suggests the presence of the Cryptococcus sp., but cannot distinguish between the two species (C. neoformans and Cryptococcus gattii). Likewise, the test to investigate the capsular antigen in serum does not allow the distinction of Cryptococcus species, which is positive in infections caused by the two agents.

16 Additional treatment with liposomal amphotericin B at 150 mg daily for 6 weeks was
17 not effective.
R: Please inform the total accumulated dosage of amphotericin B.

Discussion

16 …………………………………………………………………... Although less frequent,
17 cryptococcal infection also occurs in HIV-negative immunocompetent patients,
18 including those with liver cirrhosis, systemic lupus erythematosus,
malignancies and diabetes mellitus [6,7]. Even in mild diabetic patients like our patient,
disseminated
2 cryptococcosis has been reported [8,9].
R: Liver cirrhosis, systemic lupus erythematosus, malignancies and diabetes mellitus are well known risk factors for cryptococcosis and these patients cannot be considered immunocompetent, they are in fact immunocompromised hosts...

Please revise the text.

8 ….our knowledge, this is the first report of cryptococcosis of the bilateral adrenal glands
9 and liver without meningitis in a non-immunocompromised host.
R: The examination of the CSF was performed? Please inform the results that confirms the absence of meningitis. If they were not done, it is necessary to revise the text and comment the case as …... without clinical evidence for meningitis....

Level of interest: An article whose findings are important to those with closely related research interests
Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
'I declare that I have no competing interests'