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: 3 Date: 14 November 2011

Reviewer: Marcia Lazera

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Considering the revised manuscript only more two comments are due:

8 A rare species, Cryptococcus gattii, that are relevant to a recent outbreak in western North America is known to cause cryptococcosis in immunocompetent individuals [1,2,5].

Comment 1: Cryptococcus gattii is not a rare species…It is endemic in South America and emerging in North America

“Kronstad et al 2011 :…… “Cryptococcus neoformans is generally considered to be an opportunistic fungal pathogen because of its tendency to infect immunocompromised individuals, particularly those infected with HIV. However, this view has been challenged by the recent discovery of specialized interactions between the fungus and its mammalian hosts, and by the emergence of the related species Cryptococcus gattii as a primary pathogen of immunocompetent populations. …The emergence of C. gattii as a pathogen of seemingly immunocompetent hosts is particularly striking…”.

Li & Mody 2010: “Cryptococcus is a unique environmental fungus. Among the more than three dozen species of Cryptococcus, only C. neoformans and C. gattii commonly cause disease. Although many of these infections occur in immunocompromised patients, C. gattii has recently come to public attention because of an outbreak of devastating illness in immunocompetent individuals.”

Trilles L et AL 2008: “….Primary cryptococciosis caused by the molecular type VGII (serotype B, MAT#) prevails in immunocompetent hosts……, disclosing an endemic regional pattern for this specific molecular type in the Northern Brazil”.

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8 To make a diagnosis, a fine-needle aspiration biopsy of the liver mass was performed.

9 The pathological diagnosis of the liver abscess showed multiple foci
of necrotic and
10 degenerative cells with infiltration of neutrophils. No malignant
cells or epithelioid
11 granulomas were observed in this specimen. Alcian blue staining
demonstrated the
12 presence of 5-µm spherical yeast-like organisms, such as
Cryptococcus neoformans,

Comment 2: The same histological aspect is observed for Cryptococcus gattii. It
is not possible to affirm that the present case is due to a C.neoformans infection.
The diagnosis of cryptococcosis in the present study was based on
histopathological findings, showing suggestive yeast-like forms. The histological
and serological findings described do not distinguish between C. neoformans and
C. gattii . So, the agent in the present case is Cryptococcus sp. , and C.
neoformans is the probable agent.
The point is that the species of Cryptococcus was not identified in the present
article.