Author's response to reviews

Title: Cytomegalovirus immune reconstitution inflammatory syndrome manifesting as acute appendicitis in an HIV-infected patient

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Author's response to reviews: see over
Dear Dr. Philippa Harris:

Please find our revised manuscript titled “Unmasking Cytomegalovirus immune reconstitution inflammatory syndrome manifesting as acute appendicitis in an HIV-infected patient” for your consideration for publication. We would like to thank the reviewers for their helpful comments. In response to the reviewer’s critique, we have made several changes to the original submitted manuscript as outlined below and we hope this revised version will be accepted for publication.

Sincerely,

Virginia Sheikh

Reviewers’ comments:

Reviewer #1: This manuscript is an interesting case report describing a case of appendicitis in an HIV+ patient, with strong evidence that CMV infection was implicated in the pathogenesis, occurring within 2 weeks of starting ART, with a clinical picture typical of unmasking IRIS. This presentation needs to be considered in HIV+ donors commencing ART. The case report is well-written and illustrated and provides a thorough literature review. I do not think any revisions are required.

Response: We thank Reviewer #1 for her thoughtful comments.

Reviewer #2: Major Compulsory Revisions: None
Minor Essential Revisions:

1. (Case presentation, line 82): *The abbreviation “kg” should be written in small, not capital letters.*

Response: We have made the suggested correction to the manuscript.

2. Several abbreviations were used prior to being declared, e.g.
   
   - (Case presentation, line 84): “PCR” - Polymerase chain reaction?
   - (Case presentation, line 95): “CBC” – Complete blood count?
   - (Case presentation, line 97): “CRP” – C-reactive protein?
   - (Case presentation, line 110): “EBV” – Epstein Barr Virus?

Response: We have spelled out all abbreviations at their first use in the manuscript.

3. (References, line 189): Spelling mistake – “perfn~mation” – perforation?

Response: We have made the suggested correction to the manuscript. Thank you.

4. (Case presentation, line 82): “CD4 count of 72 T cells/µL” – in line 80 CD4 count stated as “CD4 count below 100 cells/µL”, not T cells/ µL. Please be consistent.

Response: In order to maintain consistency, we changed the units of CD4 count to cells/µL in all cases.

Discretionary Revisions:

1. (Case presentation line 98) “Blood CMV PCR became detectable at 750 copies/ml.” – Recommend stating that this is a quantitative CMV PCR (or alternatively CMV viral load), as a qualitative CMV PCR result is usually either positive or negative.

Response: We have made the suggested correction to the manuscript and now describe the CMV PCR as a quantitative test.

2. (Case presentation line 90, 93): Recommend use of “examination” instead of “exam”.

Response: To improve the formality of the manuscript, we have replaced the word “exam” with “examination” as suggested.

Editor’s Requests

1.) Figures: Figure legends must be included in the main manuscript text file at the end of the document, rather than being a part of the figure file. For each figure, the following
information should be provided: Figure number (in sequence, using Arabic numerals - i.e. Figure 1, 2, 3 etc): short title of figure (maximum 15 words): detailed legend, up to 300 words.

Response: The figure legend is currently at the end of the main manuscript file, following Table 1. We have added a short title for Figure 1 ("Histopathology and immunostaining confirming the diagnosis of CMV appendicitis") and kept the current information regarding Figures 1A & 1B as the detailed legend.