Reviewer's report

Title: Treatment of disseminated coccidioidomycosis with caspofungin and fluconazole

Version: 2 Date: 2 December 2005

Reviewer: Duane Hospenthal

Reviewer's report:

General

The authors report a case of disseminated coccidioidomycosis (lung/skin) in a hemodynamically stable patient treated with combination of fluconazole (400mg/day) and caspofungin after poor response to conventional amphotericin B. Azole therapy is the recommended initial therapy in such patients (per IDSA guidelines - Clin Infect Dis 2000;30:658 and Clin Infect Dis 2005;41:1217); often fluconazole at doses of 400-1000mg/day. It is not explained in the case report why the patient was not started on azole therapy initially or why the fluconazole/caspofungin combination was selected.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1. Abstract/Background/Discussion - Amphotericin B is not the current recommended therapy. This statement is incorrect in each of these sections and must be corrected.

2. Abstract, sentence 2 - This sentence is incorrect. Azole monotherapy is the recommended treatment.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

3. Case presentation - It would be nice to know where this patient was likely exposed to coccidioidomycosis as it is not endemic to Korea.

4. Case presentation - It would be helpful to the reader to know why the combination of fluconazole and caspofungin was selected in this patient. Versus fluconazole, high dose fluconazole, or itraconazole.

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Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: No
Declaration of competing interests:

I declare that I have no competing interests