Title: Typhoid fever as a cause of opportunistic infection: case report

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Author's response to reviews: see over
Dear Sir,

Please find herewith included an electronic version of the revised version of the manuscript entitled:

**Typhoid fever as a cause of opportunistic infection: case report**

The authors: Claudia Colomba, Laura Saporito, Laura Infurnari, Salvatore Tumminia, Lucina Titone, would like to submit it for possible publication in *BMC Infectious Diseases* as “case report”.

We submit this case of typhoid fever for his unusual clinical presentation suggesting a possible correlation between *S. typhi* infection and transitory immunodepression.

All the authors listed are responsible for reported research. They have participated in the concept and design; analysis and interpretation of data; drafting or revising of the manuscript.

There are not any affiliation, financial agreement, or other involvement of any author with the companies whose products figures prominently in the submitted typescript.

The authors ensure that no material submitted infringes existing copyrights, or the rights of a third party.

The material presented has not been published previously, and will not be submitted elsewhere for publication as long as it is under consideration of *BMC Infectious Diseases*.

Regarding the reviewer’s comments we provide a point-by point description of the changes made:

- Response to comment 1:

  (page 1, line 23)….The patient had been living in Italy for 14 years, when he went back home to Sri-Lanka. He was there for 2 months, before returning to Italy where, few days later, he began suffering from fever, malaise, headache and non productive cough. He turned up at the emergency department of our hospital after 10 days from the beginning of symptoms…..
- Response to comment 2:
(page 2, line 6)….The patient had not been using proton pump inhibitors of stomach acid tablets, neither oral glycocorticoidosteroids or inhalation corticosteroids. Moreover, he did not need to take any antibiotics during his stay in Sri-Lanka…. 

- Response to comment 3:
(page 3, line 1)……this clinical picture was so typical that it did not need a culture to confirm the diagnosis of oral candidiasis…. 

- Response to comment 4:
(page 3, line 6)…..lymphocytes count was taken: the absolute number of lymphocytes was 562 cells/ mm$^3$, the CD4+ cell count was 130 cells/mm$^3$ while the CD8+ cells were 240 cells/mm$^3$ …. 

Yours faithfully,

Claudia Colomba

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