Author's response to reviews

Title: Growing PET Positive Nodule in a Patient with Histoplasmosis

Authors:

Khaled F Salhab MD (Khaled.Salhab@stonybrook.edu)
Daniel Baram MD (Daniel.Baram@stonybrook.edu)
Thomas V Bilfinger MD (Thomas.Bilfinger@stonybrook.edu)

Version: 2 Date: 25 July 2006

Author's response to reviews: see over
To whom it may concern,

All the comments by the reviewers that needed to be revised were addressed and revised in our manuscript.

A point-by-point response to some of the concerns raised.

In the background section, second paragraph, our aim is not to mislead readers into believing that PET scan is a new modality for the detection of histoplasmosis. On the contrary, we do recognize that PET scan is a commonly used modality and that it is a cause of false-positive results. That is why we elude to the fact that this commonly used modality needs to be revised or perhaps modified in order to obtain more accurate results.

In the case presentation, in the second to last paragraph, I agree with the reviewer. Given the fact that the nodule enlarged from 1.7cm to 3cm there is no need for a PET scan. However, our PET scan was done prior to the enlargement of the nodule, when the nodule was still 1.7cm in size. There was no PET scan performed when the nodule enlarged. The F 18 FDG uptake mentioned in the paragraph refers to the only PET scan done when the nodule was 1.7cm in size.

In our table we outline 7 patients with PET scan positive for histoplasmosis in the literature. The reviewer is correct, there are numerous reports about patients with PET scan and granulomatous disease. However, most of the data includes non specific granulomatous disease and when looking at histoplasmosis as a specific entity within these groups, our review outlines only 7 patients.

Our consideration to performing an anatomical resection was made for the following reasons:
The reviewer is correct in pointing out that there was a previous diagnosis of histoplasmosis in the right lung. However, to our knowledge, this infection was treated. Therefore, our suspicion that the left sided nodule was another histoplasmosis infection was very low, specially since the left nodule was PET positive and was growing. A frozen section in this setting would have proved to be indeterminate with the pathologist not committing fully to one single true final diagnosis. This off course would not have changed our algorithm to treating a PET positive growing nodule, even if this patient had a known previous histoplasmosis infection, specially since he had been previously treated.

Sincerely,

Khaled F. Salhab M.D.