Reviewer's report

Title: Post-operative Aspergillus mediastinitis in an immunocompetent patient: a case-report

Version: 1 Date: 28 April 2010

Reviewer: Jesus Guinea

Which of the following best describes what type of case report this is?: Unexpected or unusual presentations of a disease

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: Yes

Will the case report make a difference to clinical practice?: No

Is the anonymity of the patient protected?: Yes

Comments to authors:

Manuscript title: 'Post-operative Aspergillus mediastinitis in an immunocompetent patient: a case-report'

Dimopoulos et al reported a case of mediastinitis caused by A. flavus in a patient underwent to major heart surgery. The authors discussed the difficulties for the diagnosis and problems to find the environmental source of the conidia.

General comments:
Although the paper is interesting and discusses an unfrequently infection, some issues should be addressed before publication.

Specific comments:
There is a very recent paper reviewing the experience of a single hospital with postsurgical invasive aspergillosis (Jensen et al; Journal of Infection 2010). This article should be included in the references as they reported also cases of Aspergillus mediastinitis.

Did the authors perform serum galactomannan determination in this patient? Was it positive?

The patient was receiving caspofungin for the treatment of candidemia. Did the authors perform antifungal susceptibility testing of the isolate? Was it resistant to amphotericin B or caspofungin?

The authors excluded the air of the operating room as the source of the Aspergillus conidia. It is well-known that the air of the operating room may be the source of the infection in cases of Aspergillus endocarditis. However, Jensen et al demonstrated that several cases of post-surgical invasive aspergillosis were acquired during the postoperative period in the ward after the exposure to high levels of Aspergillus conidia in the air of the unit. Did the authors check the presence of Aspergillus conidia in the ward air during the patient stay?

**Quality of written English:** Needs some language corrections before being published

**Declaration of competing interests:**

I declare that I have no competing interests