Author's response to reviews

Title: Spontaneous pneumothorax from cryptococcal pneumonia in systemic sclerosis: a case report

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Author's response to reviews:

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Dear Sir/Madam:

Re: Manuscript 8690019434357491 entitled “Spontaneous pneumothorax from cryptococcal pneumonia in systemic sclerosis: a case report”

Thank you for your letter dated December 20, 2010. We appreciated the comments and have made changes as advised. We have highlighted in yellow the areas where changes have been made and used “Track changes” to show what was changed.

Reviewer: 1
Comments to authors:

The revised manuscript addresses the concerns of the 1st reviewer. Though improved, there is still a problem with the English, mostly in the newly added parts.

Examples:
"Spontaneous pneumothorax is mostly found in persons with systemic sclerosis who have extensive pulmonary fibrosis with enlarged subpleural blebs." "mostly" should be "usually" "We report on a case of spontaneous pneumothorax from cryptococcal pneumonia in a patient with systemic sclerosis with minimal subpleural emphysema." "from" should be "caused by" The oxygen saturation of the room air at admission was 92%." "of" should be "on" etc...
Response: The language has been re-reviewed in the entire document.

Reviewer: 2

Comments to authors:

I pray that the authors attempt to find a few recent articles that were published back 5 years and included in his list of references.

Response: Recent articles have been added to the literature reviewed for the Discussion section.

Spontaneous pneumothorax can be a complication of infection from invasive necrotizing organisms such as anaerobic bacteria (5), Staphylococcus (6), Klebsiella pneumoniae (7), tuberculosis (8,9), aspergillosis (10,11), Pneumocystis jiroveci (12), Scedosporium apiospermum mycetoma (13) or be associated with pre-existing lung disease such as chronic obstructive pulmonary disease (5), status asthmaticus (5), cystic fibrosis (5), cancer (14), thoracic endometriosis (15) or connective tissue disease (5). All of the above would be termed secondary spontaneous pneumothorax.

Secondary spontaneous pneumothorax (SSP) in rheumatic diseases have been reported in SSC (2,3), polymyositis (16), mixed connective tissue disease (17), systemic lupus erythematosus (18,19), Wegener’s granulomatosis (20,21), relapsing polychondritis (22), ankylosing spondylitis (23), and rheumatoid arthritis (24); particularly in persons with a pre-existing lung disease associated with an underlying connective tissue disease. Spontaneous pneumothorax in SSC has been reported in patients with subpleural blebs or lung cysts, which are perhaps due to abnormal collagen in the pulmonary tissue as a result of SSC (2,3,25). An enlarged subpleural cyst—particularly >1 cm—might be a risk for spontaneous pneumothorax in patients with SSC (2).

References


This completes the responses to the peer reviewers. Should there be any omissions or other concerns, please let us know.

Sincerely,

Chingching Foocharoen