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: see over
Dear Sir/Madam:

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

Thank you for your letter dated January 26, 2011. We appreciated the comments and have made changes as advised. We have highlighted yellow the areas where changes have been made and used “Track changes” to show what was changed.

The comment

There are a number of matters that require your attention before your manuscript can be accepted to Journal of Medical Case Reports:

- Please remove any dates from the manuscript e.g. 1998 and May 2010, as well as potentially identifying information in the figures, such as the name of the hospital as this may jeopardise the anonymity of the patient.

Response: The dates from the manuscript have been removed and the identifying information in the figures have been concealed as below.

A 49-year-old Thai male was diagnosed with lcSSC as per the 1980 criteria of the American Rheumatism Association (4). His first presenting symptoms included: sclerodactyly, symmetrical polyarthralgia, digital pitting scar and Raynaud’s phenomenon without any chest symptoms.

The patient was admitted because of a low-grade fever with pleuritic chest pain, progressive shortness of breath, and having had a productive cough for 5 days.
**Figure 1.** Chest radiograph showing interstitial infiltration in both lower lung fields

**Figure 2.** HRCT chest revealed minimal thickening of the interlobular septa with thickening of the pleura in both lungs and mild bronchiectasis in both lower lungs
**Figure 3.** Chest radiograph showing extensive interstitial infiltration compared to previous chest radiograph

**Figure 4.** HRCT chest reveals thickening of interlobular septa with subpleural emphysema and tubular bronchiectasis of right lower lung
**Figure 5.** Chest radiography reveals pneumothorax of right lung

![Chest radiography revealing pneumothorax](image1)

**Figure 6.** Chest radiography 4 weeks after treatment reveals improvement of pneumothorax and pulmonary infiltration

![Chest radiography after treatment](image2)
This completes the responses to the peer reviewers. Should there be any omissions or other concerns, please let us know.

Sincerely,

Chingching Foocharoen