Author's response to reviews

Title: Disseminated Mycobacterium bolletii infection in a patient with idiopathic CD4+ T-lymphocytopenia

Authors:

Laura LS Saporito (laura.sapo@tin.it)
Raffaella RR Rubino (raffaellarubino@libero.it)
Caterina CM Mammina (caterina.mammina@unipa.it)
Celestino CB Bonura (celestino.bonura@unipa.it)
Lucina LT Titone (lucina.titone@unipa.it)
Claudia CC Colomba (claudia.colomba@libero.it)
Lucia LC Siracusa (luciasira@gmail.com)
Paola PD Di Carlo (paola.dicarlo@unipa.it)

Version: 3 Date: 8 April 2012

Author's response to reviews:

Dear Editor,

please find enclosed the revised version of the manuscript “Probable disseminated Mycobacterium bolletii infection in a patient with idiopathic CD4+ T-lymphocytopenia” (MS: 1800570754649016-RV)

All the comments of the three reviewers have been taken into due consideration and the text has been corrected accordingly. The changes have been indicated by using the highlighter tool in Word as you asked. We added two more authors that contributed to the revision.

Regarding the specific comments of the reviewer 1 (S. Leao):

General comments:

• We renamed Micobacterium bolletii as a subspecies of M. abscessus according to the recent taxonomic changes.

• We discussed in more detail the antimicrobial treatment rationale.

• We discussed the outcome of this strategy

• We made some language corrections

Revisions necessary for publication:

Case presentation eight paragraph: we would like to thank the reviewer for the suggestion. We really did a first PCR yielding a 342 bp amplicon, but sequencing was subsequently done on an amplicon of 752 bp by using the consensus
primers described by Adekamby. We have accordingly revised the sentences.

Case presentation sixth and ninth paragraphs: we specified time/dose of treatments.

Discussion first paragraph: we mentioned the report of disseminated infection by the same mycobacterium described by Koh et al.

Discussion: we don’t think it is necessary to specify in the discussion why we used three methods of susceptibility testing. As we have before explained, in 2006 the Mycobacterium isolate was tested according with Adekambi et al.

Regarding the specific comments of the reviewer 2 ( J. Esteban):

1) We renamed Micobacterium bolletii as a subspecies of M. abscessus according to the recent taxonomic changes.

2) We didn’t have the results of the mycobacterial culture because the patient came to our Division from another hospital and we didn’t receive any documentation.

3) The diagnosis of disseminated infection is very probable as we explained in the text but unfortunately we couldn’t support our clinical diagnosis with any other microbiological results. For this reason we changed the title as “Probable disseminated Mycobacterium bolletii infection in a patient with idiopathic CD4+ T-lymphocytopenia”.

4) Susceptibility tests were performed in 2006 according with the methods described by Adekambi et al.

Regarding the specific comments of the reviewer 3 ( R. Duarte):

1) The manuscript has been reviewed by an English speaking colleague.

2) We renamed Micobacterium bolletii as a subspecies of M. abscessus according to the recent taxonomic changes.


4) We eliminated blank pages.

5) Abstract: we placed the abbreviation ICL beside the first citation of “Idiopathic CD4+ T lymphocytopenia.

6) Key words: we changed order of key words as reviewer suggested.

7) We presented a more complete description of epidemiology and
physiopathology of ICL.

8) and 9) Case presentation: we reported a better detailed clinical picture of the patient before initial pulmonary diagnosis and during the follow up in our Division.

10) Case presentation: we specified time/dose of treatments.

11) We clarified the present clinical conditions of patients

12) Case presentation: we specified that the patient was previous healthy but with an history of allergic rhinitis.

13) Case presentation: we gave results of opportunistic infection investigated.

14) Discussion: we delete repetition of “as in our patient”.

15) Discussion: we presented a more deep scientific analysis of physiopathology of ICL and mycobacterial diseases including a detailed description of mechanisms involved in the ICL pathogenesis causing a higher susceptibility to some bacterial and parasitic infections.

16) We included an accurate legend of image and radiographic marks.

17) Susceptibility tests were done in 2006. So, criteria of interpretation cannot be those published by CLSI in 2011.