Author's response to reviews

Title: Osteomyelitis and pyoarthritis caused by localized paracoccidioidomycosis in an immunocompetent patient: a case report

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Version: 5 Date: 19 July 2012

Author's response to reviews: see over
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Version: 3 Date: 17 july 2012

Author’s response to reviews: see over
Reviewer’s report

Title: Osteomyelitis and pyoarthritis caused by localized paracoccidioidomycosis in an immunocompetent patient: a case report

Version: 3  Date: 17 July 2012

Reviewer: Leonardo Furtado Freitas

Reviewer's report:

Thank you for consideration of our manuscript for publication in your journal. We have reviewed the above manuscript according to your reviewer’s comments. We have made the requested modifications, as follows:

Issues relating to the reviewer Antonio Tristano:

1) The authors stated “Subsequently, the patient’s clinical and laboratory results showed significant improvements...”. Please provide the laboratory results before and after treatment. As suggested, laboratory tests from before and after treatment were added, demonstrating their validity which is characterized by the reduction of markers of inflammatory/infection state: leukocyte count (10,000 to 6,000; reference value <12,000), C-reactive protein (1.3 to 0.9 mg / dl, reference value <0.6 mg / dl), erythrocyte sedimentation rate (120 to 60 mm / h; reference value <15 mm / h, for age and sex). These changes are in paragraph 3 on page 4.

2) What was the dose of fluconazole? Is he still on treatment? The dose of fluconazole is 10 mg / kg / day and the patient is still undergoing treatment. We have included this information in lines 21 and 22 of page 4.

3) Conclusions: please explain a little more about the treatment options of this disease. We have provided more information regarding the therapeutic options of paracoccidioidomycosis, according to the reference added in item 11 (11. Shikanai-Yasuda MA, Filho FQT, Mendes RP et al: Consenso em paracoccidioidomicose. Revista da Sociedade Brasileira de Medicina Tropical 2006 mai-jun (3);297-310). We have also added details about the medication used and criteria for cure (clinical, radiological and serological). These changes were made in the fourth paragraph on page 5 and the first and second paragraphs on page 6.

Issues relating to the reviewer Elvis Varela:

1) Abstract should be shortened, ideally by 300 words. There is no need to describe all clinical information on the abstract. The abstract has been reduced accordingly. (page 2).
2) Introduction should be improved. As Paracoccidioidomycosis is not a common fungus, particularly outside South America, so the authors need to better describe the disease and clinical course, particularly in children. Also, please include some epidemiological data on Paracoccidioidomycosis. When stated “Furthermore, isolated bone involvement is very rare, especially in children” please include references on previous cases in this setting (Fungal infection by Paracoccidioides brasiliensis mimicking bone tumor. Pediatr Blood Cancer. 2008 Jun;50(6):1284-6; Osteomyelitis caused by Paracoccidioides brasiliensis in a child from the metropolitan area of Rio de Janeiro. J Trop Pediatr. 2001 Oct;47(5):311-5). Improvements were made to the introduction by adding more information regarding the disease and clinical course (adults usually evolve with chronic forms, while in children it is usually acute or subacute), as well as epidemiological data (countries with a higher prevalence and risk groups with a higher risk of exposure the fungus) (first paragraph of the introduction of page 3). References were included regarding the phrase "Furthermore, isolated bone involvement is very rare, especially in children," according to the literature (references 9 and 10 - lines 17 and 18 of page 2).

3) Case presentation: please enrich case description. Please include findings on clinical exam. Please include a chest RX image showing no pulmonary involvement (which turns the case more unique). Please describe treatment doses and duration. Please describe in the text the pathological appearance of the lesion to illustrate for readers not used with the disease. The patient presented to the emergency room of our hospital with a three-month history of right hip pain and intermittent claudication (line 3 of page 4). The ethnicity of the patient was included (case presentation item, line 9 of page 2), as well as radiographs of the chest and pelvis (Figures 1 and 2 and their legends, respectively). With respect to the description of the pathological appearance, we opted to include it in the legend in Figure 5 in order to abridge the text.