Author's response to reviews

Title: Chronic Necrotizing Pulmonary Aspergillosis presenting as bilateral pleural effusion: a case report

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Author's response to reviews: see over
Dear Editor,

Thank you for the given comments. I have revised my manuscript accordingly and I hope it is to your satisfaction. The corrections are in red coloured fonts. My point-by-point response to the concerns are stated below:

Response to Reviewer 1: Susana Carreira

1. The introduction should include some more relevant information

All the relevant information suggested by the reviewer was included in the ‘Introduction’

2. As for the ‘Case Presentation’, the reviewer has suggested how to make the sentences sound better. The suggestions were written as ‘It sounds better:...’

We have accepted the suggestions and rewritten our sentences to make them sound better.

3. What were the characteristics of the sputum?

Sputum was whitish (Page 5)

4. When the hypothesis of tuberculosis was being investigated, how did the chest x-ray look? Did she do other diagnostic tests, at this time?

Unfortunately, we do not have the information on the chest radiograph or the other diagnostic tests which were done at the primary care clinic.

5. What about the TB cultures?

Results mentioned as negative (Page 5)

6. What were the antibiotics?

Oral amoxicillin, azithromycin and moxifloxacin (Page 5)

7. I don’t understand the respiratory examination.

Examination of the respiratory system revealed reduced breath sounds at the bases. (Page 5)

8. What about C-reactive protein and erythrocyte sedimentation rate?

CRP and ESR results given (Page 5)

9. At any time was thoracocentesis performed? If it wasn’t, you should say why
(was the pleural effusion too small?).

Yes, the pleural effusion was too small for a thoracentesis. Stated in the revised manuscript. (Page 5)

10. What about the mycobacterial cultures?

The mycobacterial cultures were negative. (Page 5)

11. Weren’t the Bronchial biopsies performed?

Unfortunately, a transbronchial biopsy was not performed in the same setting. (Page 5)

DISCUSSION

12. How long after the onset of the symptoms was the diagnosis made?

6 months. (Page 7)

13. It would be interesting to comment the fact that the agent was the Aspergillus niger and not the most common (Aspergillus fumigatus).

This comment was made. (Page 7)

Response to Reviewer 2: Sayed Husain

‘The author has not provided with Lung biopsy report of the culture which would have confirmed the diagnosis. Pleural effusion in this case could be secondary to other organ dysfunction like CHF and more importantly from another source of Lung Infection with Aspergillosis as being an incidental finding.’

Unfortunately, a lung biopsy was not performed. The patient had no features of other organ dysfunction to account for the pleural effusion. The significant improvement in the symptoms and pleural effusion with an antifungal agent is highly suggestive that it was a fungal effusion.
Response to editorial team comments.

We have reformatted the title to "Chronic Necrotizing Pulmonary Aspergillosis presenting as bilateral pleural effusion: a case report".

Please get back to me if there are any doubts or questions. I hope to hear a favorable reply from you.

Thanking you in advance

Corresponding author,

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