Author's response to reviews

Title: Thyroid abscess due to Aspergillosis: a case report

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Author's response to reviews: see over
Thank you for your email and the opportunity to submit a revised version of our manuscript.

We greatly appreciated the constructive comments and suggestions and have fully revised the manuscript as suggested by the reviewers.

We highlighted all changes made and submitted the paper to English review.

Best regards,

Suemi Marui
Thank you for your constructive comments, which have improved our manuscript. We included your suggestions and reference in this new version.

This is a well written report of a rare case of aspergillosis of the thyroid in an immunocompromised patient. However, the abstract needs to be shortened and the number of paragraphs reduced in the manuscript.

The abstract was shortened but the number of paragraphs was not reduced as the other Referee asked to add more information. We maintained 15 paragraphs.

The authors do not discuss the role of surgery, aggressive or plain aspiration, in the treatment of suppurative thyroid abscess and this needs to be included in the discussion.

The role of surgery was included in the Discussion and highlighted.

“Thyroidectomy should be performed only to debride necrotic tissue and to remove infected tissue if abscess persists. Surgery has more death risk as it requires a better patient’s condition to tolerate surgery, as bleeding and hemodynamic instability are common.”


We added this reference as number 11.
Author's response to reviews

Title: Thyroid abscess due to Aspergillosis: a case report

Version: 2 Date: 21 February 2014

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We thank you for your comments and important observations.

The authors succeeded to report clinical manifestation of infection; however they failed to explain enough evidence explaining diagnostics of aspergillosis (morphology and histopathological feature).

The diagnosis of Aspergillus infection was defined by the positive culture from a sterile site (FNA) together with clinical manifestation of fungal infection. Unfortunately detailed histopathological examination was not provided.

It is not clear which species of Aspergillus was the etiological agent. 

*Aspergillus spp*

The selection of antifungal agents for treatment was already wrong, as fluconazole is known to have no efficacy on Aspergillus isolates.

Amphotericin B and fluconazole is known to have less efficacy on Aspergillus treatment than voriconazole, but this association can be done [1].

- The paper requires complete editing for English expression

We have submitted this paper for English assistance and orthographic revision.

- Histopathology results and picture of hyphae are lacking using GMS or PAS
Staining. - Identification of Aspergillus spp down to genus level is required instead of defining general term “aspergillosis”

Unfortunately we do not have slide pictures. Therefore we added and highlighted the cytological characteristic of FNA sample and the Aspergillus spp.

- Importance if PCR should be discussion versus histopathology

PCR is only experimentally and rarely used routinely for diagnosis, for the moment. Consequently we do not add in the text as it is still too little standardized and not accessible in most centres.

- Impact of antifungal susceptibility testing should be discussed to choose optimal treatment instead of choosing wrong agent

Antifungal susceptibility testing is not yet straight forward in every routine laboratory, including in our Hospital, the largest in South America. Undoubtedly, the establishment of reliable and reproducible reference standards for optimization of treatment must be suitable for routine testing avoiding fungal resistance.

- Ethical permission is required for this report

We have ethical permission signed by mother’s patient.

References