Author's response to reviews

Title: A bleeding colonic ulcer from invasive aspergillus infection in an immunocompromised patient: a case report

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Author's response to reviews: see over
Reviewer # 1 (Athanasios Marinis) did not have any suggested changes.

Reviewer # 2 (Panagiotis Dikeakos):

1. Since you report that the risk aspergillus infection is greater in immunocompromised patients at several parts of your case report, you should clearly state why this patient was immunocompromised. Due to sepsis, did he receive corticosteroids?

   However, in the setting of an immunocompromised patient secondary to sepsis with gastrointestinal bleeding found to have necrotic ulcers on endoscopic examination, IA should be included in the differential diagnosis.

2. In the second paragraph of the case report section you report: Other surgeries included small and large bowel resections with colostomy and diverting ileostomy.

   The first surgery was surgical debridement of the right perineum, perirectal ischioanal and gluteus region. Additional surgical procedures included exploratory laparotomy, debridement of retroperitoneum, bilateral anterior abdominal wall and drainage of pelvic abscesses. She had multiple explorations of the abdomen and perineal area with debridement of necrotic tissue. She later developed a small bowel perforation of the ileum resulting in fecal peritonitis. She therefore had a small bowel resection with ileoileal anastomosis. One week later she developed an anastomotic leak that required resection of the anastomosis and creation of an end-ileostomy.

3. In the third paragraph of the case report you state that hematochezia was treated with pantoprazole. Since this might be the wrong way to treat hematochezia I would suggest not to mention it at all.

   The patient was initially stabilized with continuous intravenous pantoprazole infusion and received 4 units of packed red blood cells.