Author's response to reviews

Title: Association of laryngeal and nasopharyngeal tuberculosis: a case report.

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

Thank you for consideration of our manuscript for publication in your journal.

We have reviewed the manuscript according to your reviewer’s comments.

Reviewer 1: Masafumi Ohki

This is a rare case report of pharyngolaryngeal TB. But there are several points to revise for publication, as follows;

In observation, there are no findings and no symptoms of nasal TB. Nasal cavity was intact?

   Yes, I added some precisions in the text.

In abstract and introduction, ‘rhinopharyngeal’ should be ‘nasopharyngeal’.

   Done.

This report is about pharyngolaryngeal TB which is rare, but has been reported a few times.

   Actually, this report is about an association of separated nasopharyngeal and laryngeal tuberculosis, the oropharynx and laryngopharynx were intact. At the best of our knowledge, this was not reported before.

I think that laryngeal TB is not common as a primary site but is still rare to date. Are there any data about morbidity rate of primary laryngeal TB?

   I apologize for the mistake; it is corrected. I specified in the manuscript that primary laryngeal tuberculosis represents about 50% of laryngeal TB, which represents less than 1% of head and neck TB.

Reviewer 2: Rashmi Upadhyay

Has the case been reported coherently?

Vague expression of symptoms and the other possibilities have not been effectively ruled out. Meaning thereby, a patient may have malignancy and an immunocompromised state, with superimposed tuberculosis. It may even be a non tuberculous mycobacterial infection. It has not been ruled out by culture.

The informations provided are grossly incomplete. The language of the manuscript does not have a flow. It abruptly mentions some facts in the observation section and the discussion does not justify the subject of the article.

   We added more precisions in the text: in fact, the patient was not immunocompromised and had no evidence of malignancy.

   I apologize for my English level, since I am not a native English speaker, actually in morocco we use French language in medical field. I asked a friend who lives in the United States to correct the manuscript before sending. Apparently, it was not enough.
1. In the pre chemotherapeutic era, nasal and paranasal involvement and laryngeal involvement was a dreaded complication of pulmonary tuberculosis but things have changed in post chemotherapy era. Tuberculosis of nasal cavity was first described by Prof. G. Morgagni, 1971. (Waldman SR, Levine HL, Sebek BA et al. Nasal tuberculosis a forgotten entity. Laryngoscope 1981;91:11-16)

   Actually, the manuscript is about a case of tuberculosis in larynx and nasopharynx. Nasal cavity, paranasal sinuses, oropharynx and laryngopharynx were intact.

2. Extrapulmonary tuberculosis is though on an increasing trend, laryngeal tuberculosis is not yet common as mentioned. The reference 1 quoted is not available.

   I apologize for the mistake; it was corrected.

   The reference 1 was in press, now it is published (apparently, the URL has been changed). It is available online (the first result by searching DOI: 10.1016/j.ejenta.2014.02.002 in Google or "Extra nodal ENT tuberculosis" in Google Scholar). By the way, I corrected the references of the two articles that were in press.

3. In the observation section A. kindly mention the immune status of patient B. diabetic/non diabetic, C. smoker for how long, Smoking index, pack years D. Whether allergic rhinitis, on steroid therapy E. Occupation F. Nasal symptoms if any

   Done.

4. Why did hoarseness of voice require admission

   In fact, the patient was admitted for laryngoscopy, but I corrected the error.

5. Did the patient have lymphadenopathy

   No, I specified it in the text.

6. If possible give the nasofibroscopic view in image section to substantiate your findings.

   Unfortunately, we do not have the nasofibroscopic view image.

7. Second paragraph mentions emphysematous bubbles, it should be “EMPHYSEMATOUS BULLA”

   Done.

8. Please specify and elaborate the nature of lesions. Specify number of biopsies and their site

   Done.

9. in the image section kindly mark out the area of caseous necrosis.

   Done.

10. In the discussion 6 and 8 paragraph mention the types of lesions hence duplicacy in statements. What was the type in this case.

   Actually, paragraph 6 is about endoscopic findings and the paragraph 8 is about imaging findings. I specified them in our case.