Reviewer's report

**Title:** Pleural Effusion as the Initial Clinical Presentation in Disseminated Cryptococcosis and Fungaemia: An Unusual Manifestation and a Literature Review

**Version:** 3  
**Date:** 1 July 2015  
**Reviewer:** Nelesh Govender

**Reviewer's report:**

This is a fairly well-written case report of a patient on a cocktail of immunosuppressive agents who was initially empirically treated for pulmonary TB (culture-negative exudative pleural effusion with bilateral pulmonary nodules), 17 months post-renal transplant, and subsequently diagnosed with disseminated cryptococcal disease (initially culture-confirmed meningoencephalitis and fungaemia and later histological confirmation of cryptococcal pleuritis – the fungal organisms had been overlooked earlier). The patient was treated with a combination of antifungals with clinical and mycologic resolution. Although the authors emphasise the pleural effusion with which the patient presented, at least one third of solid-organ transplant (SOT) recipients have disease limited to the lungs; the most common manifestation is pulmonary nodules. The median time to onset of cryptococcosis among SOT recipients was approximately 16-21 months post-transplant in 3 studies. Therefore, this diagnosis could have been considered in a patient who presented with nodules plus a large pleural effusion 17 months post-transplant. However this case does highlight that the diagnosis of cryptococcosis cannot be excluded by culture of pleural fluid alone and that careful review of histology sections is important.

Discretionary revisions:

The authors recommend using a cryptococcal antigen test in serum or CSF. CrAg testing of pleural fluid could also be recommended though there are limited data evaluating this. The case report could be improved structurally and linguistically by careful editing.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.