Author’s response to reviews

Title: Invasive cutaneous Neoscytalidium infections in renal transplant recipients: a series of five cases

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Reviewer reports:

Reviewer #1: Invasive cutaneous Neoscytalidium infections in renal transplant recipients: a series of five cases: reported 5 interesting cases, with successful treatment. Some questions for the authors:

1) Neoscytalidium spp were identified by microscopic, I would suggest you to confirm this identification by sequencing to get strong proof for its correct and precise identification

>>Dear reviewer, Neoscytalidium are usually easy to identify with only macro/microscopic examination and unfortunately we did not store the isolates, except that of case number 5. Molecular identification was therefore available only for the strain of that case. For that isolate, the macro/microscopic examination result was confirmed by internal transcribed spacer (ITS) sequencing using the following primers ITS1 5’-TCCGTAGGTGAACCTGCGG-3’ and ITS4 5’-TCCTCCGCTTTATTGATATGC-3’. We have added this information in the text (pages 7-8).
2) You mentioned that you did biopsy and saw fungal element in tissue for diagnosis, better to show histopathology image in the manuscript.

>>Following your advice, we have added at figure 2 a photo of the microscopic examination of the sinus biopsy with silver staining showing hyphal fungal elements.

3) Before the treatment, did you do in vitro antifungal susceptibility test? You used voriconazole which was successful, what about other antifungal agents, for example, terbinafine, posaconazole which is good for other black fungi?

>>Minimal inhibitory concentration was available only for the strain of case 5. We have added the following sentence within the text (page 8):

“Minimal inhibitory concentrations as determined by Etest (bioMérieux, Marcy l'Etoile, France) were: 0.032 µg/µL for voriconazole, 0.5 µg/µL for posaconazole, 12 µg/µL for fluconazole, and 0.38 µg/µL for amphotericin B. The minimal effective concentration was 0.064 µg/µL for both caspofungin and micafungin.”

4) In the highlight, you wrote: We show that medical treatment alone may be sufficient for treating Neoscytalidium, however, you get this highlight from only one case. I don't think this can be highlight, This might be depend on severity degree of the infection and host response, or other unknown factors.

>>Dear reviewer, although this observation was indeed based on only one case, we do emphasize that this latter was particularly significant, with multiple involvement and a very big arm lesion. Your comment remains nonetheless pertinent and we have thus changed the sentence to: “In one case, medical treatment alone was sufficient for treating Neoscytalidium disseminated infection.”

Reviewer #2: The authors present a very interesting article. The clinical data have been studied and presented in details. The material and Methods section is well performed. The five clinical cases are few but the disease is very rare. The Discussion and Conclusion have been written with adequate citations of the literature.