Reviewer’s report

Title: Case Report: A fatal case of disseminated adenovirus infection in a non-transplant adult haematology patient

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Reviewer: Maureen O'Brien

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The authors present a case report of a patient treated for CLL who developed adenoviral pneumonitis followed by uncontrollable viremia which led to his death. They recommend that in the case of +adeno from BAL (or any localized site such as diarrhea), early evaluation of peripheral blood PCR for adenovirus is indicated which may allow earlier initiation of antiviral therapy.

Some additional information regarding this patient would be instructive for readers. What were serial absolute lymphocyte counts, T/B subsets, immunoglobulin levels throughout this patient's prolonged respiratory illnesses? Intermittent values are provided but it would be helpful to have a comprehensive understanding of the degree of immune suppression experienced from his CLL therapy. Was his level of immune suppression considered expected given the therapy he received, or atypical? Is IVIG replacement for low IgG levels standard of practice for CLL patients with this level of immunosuppression or was it only given once the adenovirus was detected? Given the patient's progressive respiratory illness, why was cidofovir not initiated at the time of the positive BAL when he was diagnosed with adenoviral pneumonitis? Even when the peripheral blood PCR was positive one week later, adenovirus directed therapy was not initiated for another 4 days when the peripheral blood PCR dramatically rose.

This case report would be most instructive if it included literature review and recommendations for immune surveillance and supportive care for CLL patients receiving fludarabine

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
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