Author’s response to reviews

Title: Unusual manifestation of disseminated herpes simplex virus type 2 infection associated with pharyngotonsilitis, esophagitis, and hemophagocytic lymphohisitocytosis without genital involvement

Authors:

Shuhei Kurosawa (1a.4ftnn6@gmail.com)
Noritaka Sekiya (qnmnk410@ybb.ne.jp)
Kazuaki Fukushima (f.a019141@gmail.com)
Kazuhiko Ikeuchi (kikeuchi004@gmail.com)
Akito Fukuda (a.fukuda0730@gmail.com)
Hideyuki Takahashi (hideyutakahashi-tky@umin.ac.jp)
Fangyi Chen (pychen@cick.jp)
Hideki Hasegawa (hasegawa@nih.go.jp)
Harutaka Katano (katano@nih.go.jp)
Tsunekazu Hishima (hishima@cick.jp)
Keigo Setoguchi (setoguch@cick.jp)

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Author’s response to reviews:

24th December 2018

Dr. Robin L. Cassady-Cain, Associate Editor, and Dr. Cecilia Devoto, Editor-in-Chief,

BMC Infectious Diseases

Manuscript ID: INFD-D-18-01625
Manuscript title: Unusual manifestation of disseminated herpes simplex virus type 2 infection associated with pharyngotonsilitis, esophagitis, and hemophagocytic lymphohistiocytosis without genital involvement

Authors: Shuhei Kurosawa et al.

Dear Dr. Cassady-Cain and Dr. Devoto,

Thank you very much for providing us with an opportunity to revise our manuscript entitled “Unusual manifestation of disseminated herpes simplex virus type 2 infection associated with pharyngotonsilitis, esophagitis, and hemophagocytic lymphohistiocytosis without genital involvement” for publication in BMC Infectious Diseases. We have carefully considered your criticisms and comments and used them to revise our manuscript. The changes are highlighted in yellow.

We would like to thank all the editors and reviewers for the valuable comments to our present report and for having allowed us to revise and improve our manuscript. We hope that this manuscript is now suitable for publication in BMC Infectious Diseases.

Sincerely,

Noritaka Sekiya, MD.

Department of Clinical Laboratory, Tokyo Metropolitan Cancer and Infectious Diseases Center Komagome Hospital, 3-18-22 Honkomagome, Bunkyo-ku, Tokyo, Japan, 1138677.

Tel: +81-3-3823-2101. Fax: +81-3-3823-5433.
Email: qnmnk410@ybb.ne.jp

Dear Dr. Tibor Valyi-Nagy (Reviewer #1),

Thank you very much and we are greatly honored by your comment.
Dear Dr. Georges M.G.M. Verjans (Reviewer #2),

We are grateful for your critical comments and useful suggestions that have helped us to improve our report. As indicated in the responses that follow, we have taken all these comments and suggestions into account in preparing the revised version of our manuscript. All the points revised are highlighted in yellow.

Comment

1. Provide more info on methods used. This can be done by referring to published work (e.g. in case of PCR) or mention it in the legends of the respective figures: Figs 1 & 3.

Response

Thank you very much for your important comment on our manuscript. According to your suggestion, we add sentences and references regarding immunohistochemical staining and PCR method (page 7, lines 129 to 131).

Comment

2. Fig 1: provide low power staining + zoom in in updated figure. Furthermore, indicate in legend what is shown: use specific markers to mark cell types of interest. Latter issue should be included in Fig. 3 too.

Response

According to your suggestion, we add a low power view (Figure 1A) and modify details of the legends both Figure 1 (page 17, lines 318 to 321) and Figure 3 (page 17, lines 326 to 329). If it is not enough, please let us know.

Comment

3. Page 9, lines 167-168: The authors suggest that the parthenogenesis of the case presented may be due to HSV-2 reactivation. Serology on pre-serum samples is recommended to support this notion.
Response

We agree with your comment. As you note, serology on pre-serum samples is important information, however, we don’t have serological data before the development of disseminated HSV-2 infection. In order to clarify this point, we change the sentence “In our case, the prednisolone dosage was gradually tapered at an outpatient clinic due to the favorable clinical course of the hypereosinophilic syndrome” to “In our case, we didn’t assess serological data using pre-serum specimens to confirm the past infection of HSV-2. However, the prednisolone dosage was gradually tapered due to the favorable clinical course of the hypereosinophilic syndrome, which suggest the possibility of HSV-2 reactivation accompanied by IRIS-like phenomenon” (page 9, lines 174 to 178).