Author’s response to reviews

Title: Impact of early detection of acute invasive fungal rhinosinusitis in immunocompromised patients

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Re: BMC Infectious Diseases – INFD-D-18-00532R1 – Impact of early detection of acute fungal rhinosinusitis in immunocompromised patients

We are submitting a new version of the manuscript, with the answers of your concerns. All the changes in the manuscript have been highlighted. Below, find the point-by-point answer for the Comments from Editor.

We would like again to thank the Editor from his careful evaluation of our manuscript, and we hope that it can be now considered for publication in the BMC Infectious Diseases.
COMMENTS FROM EDITOR:

This paper is of sufficient interest to warrant further consideration.

We thank you very much for your opinion, and for giving us the opportunity to send this revised version of this paper.

The authors devised a protocol to identify fungal rhinosinusitis early after presentation using a standard approach with otolaryngologists' support in immunocompromised patients.

With this protocol, they demonstrated reduction in mortality as compared to non-standard approach as described in the literature.

Yes, this protocol involved the effort of all the participants to decrease the time to diagnose acute invasive fungal rhinosinusitis, and thus to reduce mortality.

I have the following comments-

1-Standard protocol approach is good as demonstrated in the study.

However comparison to their prior data may not be appropriate as the demographics, presentation, timeframe are likely different.

Hence, data on comparison needs to be minimized. Eliminate the K-M curve showing the comparison. It may be simply stated in the text that previous data had demonstrated a higher mortality.

Adjust the text accordingly.

The figure was deleted, and the text was changed accordingly. Basically, the term “significantly” was changed into “considerably”, and the description of Kaplan-Meyer in Methods section was deleted.

2-Nasal endoscopy with biopsy may be difficult in thrombocytopenic patients. How was the procedure performed in severely thrombocytopenic patients? Provide data if available.

Patients with severe thrombocytopenia (less than 20 000 platelets /ml) were submitted to nasal endoscopy and biopsy after platelet transfusion. In all other patients, biopsies were obtained without major complications. This was described in Methods section – lines 106-110.
3-Performing endoscopy in patients with mild/moderate symptoms alone without CT findings is challenging. Otolaryngologists may be reluctant. This needs to be addressed.

This is exactly the key point of this article: ENT should not wait for CT findings before performing endoscopic evaluation. By changing this concept, we were able to improve our mortality rate, so this is a high-impact action on clinical perspective for febrile neutropenic patients. This concept was better stressed in Discussion section (lines 219, 225-226 and 268-269.

4-Figures B, D and F may be eliminated. Not needed to make the point.

Figures 2B, 2D and 2F were deleted.

5-Algorithm - has 'hyphae' along with pale mucosa and necrosis and ulcers on nasal endoscopy. Hyphae is not an endoscopic finding but a microscopic finding. Hence pl remove hyphae as an endoscopic finding.

We deleted “hyphae” from algorithm.

6-lines 244 and 246- the word 'casuistic' is used. Not sure what this word means.

We apologize for this misspelling, as non-native speakers. “Casuistic” was changed to “recent cohort”. – lines 249 and 251.

5-line 249- replace 'neutrophilic dysfunction' with 'neutropenia'.

This was performed, on line 254.

Thank you very much