Author’s response to reviews

Title: Nontuberculous Mycobacterium Infection Complicated with Haemophagocytic Syndrome: A Case Report and Literature Review

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Author’s response to reviews:

Dear reviewer and editor:

Thanks for your comments and suggestions. Here are our responses:

1. Page 6, line 25, the HPS was found in bone marrow aspiration. Please provide characteristic pathologic findings of HPS in bone marrow of this patient.

   In our opinion, hemophagocytosis is not a rare or difficult-to-determine feature of bone marrow aspiration, so we didn’t include the picture into our article. We added the picture of bone marrow aspiration showing haemophagocytosis from the patient’s medical report as supplementary material 2 for editors and reviewers’ reference. If our editor and reviewers strongly recommend to include this into our manuscript, we are willing to add one picture into our article as Figure 2.

2. Page 6, line 23, the NK cell activity of this patient was reduced. Given that the NK cell activity was not evaluated by commercialized kit that approved by US-FDA or Chine FDA, I think it is inappropriate to include NK cell activity in the case presentation. Or the authors should mention that the NK activity was evaluated by an in-house assay not approved by China-FDA.
The commercial clinical laboratory center (Hightrust Diagnostics) where we sent our sample for testing of the NK cell activity have been certificated and approved by Chinese sanitary bureau for clinical laboratory tests. Usually the way or the kit they used to do the tests should be approved by China FDA. However, we are just clinician. We don’t have any authority to check and confirm the commercialized kit they used have been really approved by China FDA. We tried to re-communicated with the company to verify the methods and reagents used to test NK cell activity. According to their reply, the method they used is, in fact, a “flow cytometry-based assay” instead of the old-versioned “LDH based assay”. They provide us an article published on International journal of hematology to show the method they used[1]. So we will change the description as follows: Natural killer (NK) cell activity was reduced tested via a flow cytometry-based assay previously reported by Zhang et al. And the reference will be added accordingly (“Case presentation” section, Paragraph 2).

3. Page 6, line 39. The pathologic findings of neck lymphnode biopsy should be provided.

We do agree that pathological findings are important information to offer to readers. But, unfortunately, the pathological findings of the lymph node biopsy of our patient were neither specific nor contributing any important information to the final diagnosis. So we didn’t plan to include the picture into our manuscript. The figure from the patient’s original pathologic report was also added as supplementary material 3 for editors and reviewers’ reference.

4. Did the TB culture of bone marrow aspiration and neck lymph node biopsy been performed and what's the result? The negative results of sputum TB/NTM culture should be mentioned in case presentation. Did you have pleural effusion aspiration and what the results of effusion analysis (protein, LDH, pH level, culture results)?

The patient was diagnosed as disseminated NTM infection via peripheral blood culture. TB culture of bone marrow aspiration was not performed. M. intracellulare was cultured from lymph node biopsy tissue. We have added this and the negative result of sputum TB/NTM culture into our case presentation (“Case presentation” section, Paragraph 2). We didn’t perform pleural effusion aspiration.

5. Page 10, line 28. The number of B cell/T cell/NK cell before and after treatment should be included in Table 1.

We have added this information into our Table 1.
We sincerely thank you again for your comments and we have made some adjustment and clarification in our article accordingly, hoping to provide more information about our case.

Yours sincerely,

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