Author’s response to reviews

Title: Chronic disseminated candidiasis manifesting as hepatospelnic abscesses among patients with hematological malignancies

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Dear editor:

Review’s comment:

Loredana Sarmati, Associate Professor Infectious Diseases (Reviewer 1): The paper has been revised substantially by attaching the EORTC definitions on chronic candidiasis, however I believe the greatest limitation of the results presented is the large number of CDC possible infections. Moreover, the lack of beta glucan values data is a major limitation of the paper as the negativity of the test would have substantially changed the collection of cases making possible cases unlikely. Still it is unclear, despite the authors' comments, the positive correlation between neutropenia and resolution of the clinical picture. I think that the authors' answer are not complete and unsatisfactory. the work deserves a more in-depth review.

We thank the reviewer’s comment. We do English editing and revised as below.

1. Lack of beta glucan values data is a major limitation in this study.

Reply: We add this in the text of discussion. “First, lack of beta glucan values data is a major limitation in this study, as the negativity of the test would have substantially changed the collection of cases making possible cases unlikely.”
2. positive correlation between neutropenia and resolution of the clinical picture.

Reply: We revised the neutropenia is correlated with imaging resolution to “neutropenia recovery” is associated with imaging resolution. We checked neutropenia recovered in all the cases that abscess resolved. Hence, neutropenia recovery is associated with rapid resolution of micro abscesses. Not neutropenia per se. In the absence of neutropenia, patients still develop CDC. They may have more innate/persistent immune defects that remain uncorrected and is less easy to reverse compared to neutrophil recovery.

We delete the relation of neutropenia and CDC in the abstract and revised the title. “Chronic disseminated candidiasis manifesting as hepatospelnic abscesses among patients with hematological malignancies.”

We add description in the text of result. ”A total of 19 patients had neutropenia at diagnosis of CDC, 16 (84.2%) of 19 patients recovered from neutropenia, but 3 (15.8%) patients without neutrophil recovery died 7 days, 11 days and 5 months, respectively. 14 of 16 patients recovered from neutropenia had imaging resolved, and all three patients without neutropenia recovery had no imaging resolved (p<0.001).”

We add the description of neutropenia recovery in discussion.

“When the factors associated with the resolution of CDC were analyzed, only recovery of neutropenia was correlated with the rapid resolution of CDC in imaging studies. 19 patients with neutropenia at diagnosis of CDC, patients whose neutropenia recovered had significant difference of imaging resolved than patients whose neutropenia not recovered (p<0.001). This result implicates recovery of neutropenia is associated of rapid resolution of microabscess. In contrast, the hepatosplenic or renal abscesses of patients without neutropenia recovered less rapidly since the underlying immune defects predisposing to invasive fungal infections may be less easily reversed than by recovery of absolute neutrophil counts.”

Thank you very much

Chien-Yuan Chen MD, PhD.