Author’s response to reviews

Title: Disseminated Cryptococcosis Revealed by Transverse Myelitis in Immunocompetent Patient: A Case Report and Review of the Literature

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Author’s response to reviews:

Ref.: Ms. No. NURL-D-19-00674

Dear Giorgio Scivoletto,

Thank you for giving us the opportunity to revise our paper. We are very grateful for the careful reading and thoughtful comments on our manuscript from the two reviewers. Based on their comments, we have revised the manuscript to address each of the specific comments raised by the reviewer. In this letter, we have listed all our point-by-point responses, and made all the necessary changes highlighted in yellow that have been incorporated into this revision.

Again, we really appreciate the two reviewers’comments and suggestions on our MS and hope that you will find our revised manuscript acceptable for publication in BMC Neurology. Thank you very much for your consideration of our revised manuscript.

Sincerely yours,
Response to reviewers comments:

William Arnold (Reviewer 1):

1. This is an interesting report of disseminated cryptococcal and associated myelopathy in an immunocompetent patient. The case is presented as transverse myelitis, but the evidence for myelitis is somewhat limited. Is this truly inflammatory or just invasion? The diagnosis of transverse myelitis needs to be supported by "cerebrospinal fluid (CSF) pleocytosis, elevated CSF IgG index, or abnormal gadolinium enhancement of the spinal cord on MRI." Krishnan et al. Demyelinating disorders: update on transverse myelitis. Curr Neurol Neurosci Rep 2006; 6: 236-243.

Response: We appreciate the reviewer’s comments and suggestions. The evidence for myelitis is abnormal activation of monocytes, which can be seen in cerebrospinal fluid cytology. Gadolinium contrast enhanced T1WI showed an intramedullary circle-enhanced nodule at 9th thoracic level, which are consistent with the references. We have highlighted in yellow that have been incorporated into this revision and have supplemented the mentioned reference on Discussion and conclusions section, line 4, page 7.

2. The clinical history and data regarding the work up is somewhat limited. The timeline and the details of recurrent hospitalizations should be more clearly presented.

Response: We appreciate the reviewer’s comments and suggestions. We have supplemented the timeline and the details of recurrent hospitalizations on Case presentation section, line 9, page 4.

3. The review of the literature and references could use some work to support the interpretations regarding the case and to frame the findings in the body of literature. I think it would be important to add references for these statements: "Occasionally, it can occur in a small subset of immunocompetent hosts" as well as "Cryptococcus rarely causes spinal cord infection, leading to transverse myelitis."
Response: We appreciate the reviewer’s comments and suggestions. We have supplemented the reference on Discussion and conclusions section, line 23, page 5 and Discussion and conclusions section, line 8, page 7.

4. Editing is needed for correct/improved word usage/meaning.

Response: We appreciate the reviewer’s comments and suggestions. We have correct/improved word usage.

Fortunato Battaglia, MD, PhD (Reviewer 2): In this manuscript, the authors describe a patient with systemic criptococcosis presenting a spinal cord localization (transverse myelitis). They review the literature and discuss clinical challenges in non-immunocompromised patients.

The case is interesting but in my opinion requires a major revision:

1) I would suggest editing from a native English speaker.

Response: We appreciate the reviewer’s comments and suggestions. We have correct/improved word usage from a native English speaker.

2) The Discussion should be structured in a more coherent way:

A) Differential diagnosis of fungal infections in the immunocompetent host

B) Delayed diagnosis and treatment of fungal infection in the immunocompetent host and CNS localization

C) Other cases reported in the literature and their outcomes

D) Conclusion

Response: We appreciate the reviewer’s comments and suggestions. We have modified the structure of the Discussion according to your suggestion.

Ref.: Ms. No. NURL-D-19-00674
Dear editor,

Thank you for giving us the opportunity to revise our paper. We are very grateful for the careful reading our manuscript. In this letter, we have listed all our point-by-point responses, and made all the necessary changes highlighted in yellow that have been incorporated into this revision.

Thank you very much for your consideration of our revised manuscript.

Sincerely yours,

Dr. Bailin Wu.

Response to reviewers comments:

I read with interest the revised version of your case report. I believe that you answered adequately all the reviewers comments and that your manuscript could be accepted for publication. However, I also strongly believe that the manuscript needs another round of language revision by a native English speaker. There are a number of minor or major language pitfalls that make your work very hard to read.

See for example:

- abstract, conclusions, line 44: "This is a patient with disseminated cryptococcosis involved the lung, spinal cord" should be involving

Response: We appreciate the editor’s comments and suggestions. We have correct/improved word usage on abstract, conclusions, line 22.

- case presentation, line 31-33: "Laboratory data revealed the C-reactive protein (CRP) level was 166mg/l, tumor markers such as neuron-specific enolase (NSE)." The sentence seems to lack something after (NSE). In this way it has no sense.

Response: We appreciate the editor’s comments and suggestions. We have supplemented the sentence on case presentation, line 15-17.

- case presentation, line 38: what does T-spot mean? you should be sure that all the abbreviations are explained the first time you use them.

Response: We appreciate the editor’s comments and suggestions. We have supplemented the abbreviations on case presentation, line 18.