Author’s response to reviews

Title: A case report of Tinea capitis in infant in first year of life

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Author’s response to reviews:

Dear Editor,

Taking into account the reviewers’ remarks, we resubmit a final modified version of our manuscript BPED-D-18_00925R1 Version 3 entitled “A case report of Tinea capitis in infant in first year of life”.

Changes made are highlighted in yellow in “Marked-up manuscript”.

We look forward to hearing from you.

Yours sincerely,

Prof. Vivian Tullio

28th January 2019
ANSWER TO REVIEWER 1 COMMENT

"A Microsporum canis dermatophytosis of the scalp in an infant below one year of age is a rare cutaneous infection. The case report is well written and very good documented. Treatment of choice of M. canis tinea capitis is griseofulvin. But, as the authors mentioned, fluconazole and itraconazole are equal acting alternatives for oral therapy. By the way, in Germany and in Austria, griseofulvin is not available, now. There, we have excellent experiences of treating tinea capitis, also by M. canis, by fluconazole and itraconazole. The advantage of these newer azoles is that they are available in liquid formulations what is much more convenient in newbornes and in children below one year as described here".

We thank the reviewer for commenting on our paper and confirming what we have reported. The reviewer has excellent experience of treating tinea capitis and so we have added his case report of tinea capitis in a Newborn and we have added the reference. Please see the revised version page 4 lines 98-101.

ANSWER TO REVIEWER 2 COMMENT

"I am not a dermatologist and as a pediatrition I found no comments".

We thank the reviewer.

ANSWER TO REVIEWER 3 COMMENTS

1. "Background: "there is an increase in cases in infants and these cases should be investigated from a mycological point of view if erythematous scalp lesions are present". The sentence is not clear".

Thanks for the comments. We deleted this sentence in Abstract Background section and we have added and changed this sentence in section Discussion and conclusions.
Furthermore, the Background section was modified and we have replaced a reference (Michaels et al instead of Rallis et al). Please see at page 2 line 28, page 3 line 52-56 and page 4 lines 87-92 in the revised form.

2. "Conclusions: Which is the objective of the case report? Underline the rarity of the case and remind to do mycological investigations in scalp lesions even in infants under 12 months, or discuss about the therapy? Is not clear".

We present a case of a 12-month-old infant with erythematous scalp lesions combined with hair loss. In infant, although the incidence is low, sometimes tinea capitis is misdiagnosed and underreported, because is similar to other scalp pathologies. A diagnosis of tinea capitis due to M. canis was ascertained because of clinical features and mycological cultures. The patient received oral griseofulvin; the therapy lasted for 3 months with a recurrence, probably indicating a low efficacy of griseofulvin at the doses administered. Therefore, we want to underline that it is important to establish an accurate treatment for this dermatophytosis to avoid recurrences or therapeutic failures, especially in infants.

Following your suggestion, in Conclusions section of abstract and in Discussions section of manuscript we have explained better the purpose of case report. Please see page 2 lines 35-39 and lines 87-92 in the revised form.

3. "Case presentation: "After 2 months of treatment, the first negativization of the culture for M. canis was observed": is not clear if at that point the therapy was discontinued".

We agree. Please see at page 3 line 74-76 in the revised form: this sentence was revised, as suggested.

4. "Discussion and conclusions: "Epidemiology of TC can be related to geographical location and social, cultural and nutritional factors: in infants, the common dermatophyte that causes TC is Trichophyton tonsurans in African Americans, T.violaceum in African immigrants and M. canis in Caucasians." : where in Europe? America? the incidence changes in the different countries".
We modified the sentence and required detail was added. Please see page 4 lines 82-86.

5. "The alternative agents report to have advantages in TC due to Trichophyton species, particularly when considering their shorter treatment." : is not clear, what agent do you refer to?"

We agree. We deleted this sentence. In the revised form we have added some sentence for better explained that, although griseofulvin is often considered the treatment of choice for infants, other agents appear to have efficacy rates and potential adverse effects similar to those of griseofulvin in children with tinea capitis. We have added the new references (Zampella et al; Fremerey and Nenoff). Please see page 4 lines 87-92 and page 4 lines 99-105

6. "In the present study" : is not a study, is a case report

Corrected. See page 5 line 118