Author’s response to reviews

Title: Lymphangioleiomyomatosis, multifocal micronodular pneumocyte hyperplasia, and sarcoidosis: more pathological findings in the same chest CT, or a single pathological pathway?

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Author’s response to reviews:

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To Sanjay Haresh Chotirmall, MD PhD

Editor of BMC Pulmonary Medicine

Dear editor,

We appreciate very much the opportunity to resubmit this version of our manuscript after minor revisions. We have clarified all reviewer’s queries and concerns. We hope that this revised proposal will meet the Journal’s expectations and will be suitable for publication.
Best regards

Fabiano Di Marco, MD, PhD

Maneesh Bhargava (Reviewer 3): This is a revised manuscript and the authors have modified parts of the manuscript. There are some concerns that need to be addressed to provide readers an idea about the approach to evaluation of a case with suspected sarcoidosis. Please include the workup performed for evaluation of alternate etiology and also the extent of sarcoidosis. If an EKG was done please describe the findings. Was advanced cardiac imaging needed?

Authors: in the new version of the case report the workout for differential diagnosis formulation and the evaluation of the extent of sarcoidosis were highlighted.

Maneesh Bhargava (Reviewer 3): Also for ocular disease please provide the details of exam.

Authors: we included the information in the text (line 44, page 4).

Maneesh Bhargava (Reviewer 3): Were fungal serologies done. Any special stains on histology?

Authors: In the revised version of the case report we added the requested information concerning the stains on histology in the text (line 14, page 4). After multidisciplinary discussion and the hystopathologic diagnosis (non-necrotizing granulomas, with mono- and multinucleate epithelioid cells, some of them with asteroid bodies surrounded by a sparse lymphocytic infiltrate, suggestive of granulomatous dermatitis with sarcoid-like granulomas) further tests were not required.