**Author’s response to reviews**

**Title:** Atypical Bronchial Carcinoid with postobstructive mycobacterial infection Case report and review of literature

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**Author’s response to reviews:**

1- The reviewers asked to add a table showing the clinical and radiological features of all published cases? Thank you for the suggestion, we have added a table.

2- The reviewers asked to discuss the possible causes of collocation Mycobacterium infection and carcinoid tumor? M. tuberculosis has been described in association with various forms of lung malignancies. However, its association with carcinoids has been rarely reported, possibly because the pulmonary carcinoid tumors are rare tumors. This has been added to the manuscript.

3- The reviewers asked to add the culture results of tissue for tuberculosis? Three cultures from the surgical specimen were negative for the Mycobacterium tuberculosis and nontuberculous mycobacteria. This has been added to the manuscript.

4- The reviewers asked to add the treatment regimen you gave to patient apparently. The patient was treated with isoniazid, rifampicin and ethambutol for 6 months and pyrazinamide for 2 months. This has been added to the manuscript.

5- The reviewers asked to add the discussion of the possible cause of false-negative PCR results. What kinds of mycobacteria were detected under the current PCR system? Possible explanations could be sampling error due to uneven distribution of mycobacteria in tissue samples, inadequate
samples sent for PCR, presence of extensive necrosis in the tissues, and presence of inhibitors. The culture from surgical pathological specimen was taken three times and was negative for the mycobacterium tuberculous and nontuberculous mycobacteria. This has been added to the manuscript.

6- The reviewers asked Whether diagnosis could be improved using next-generation sequencing (NGS)? There are some next generation sequencing techniques emerging for the diagnosis of microorganisms in the tissue. However, a major concern is the abundance of the microorganism DNA in the tissue, like in our case. Advantages of such techniques are mainly the possibility of testing multiple microorganisms in one run (multiplex testing). In our case, the low abundance of the mycobacterium DNA in the necrosis led to false negative results using rtPCR, a lot more sensitive technique. This has been added to the manuscript.

7- The reviewers asked to add the mediastinal window figure of contrast CT to further demonstrate the intraluminal lesion explicitly? We have added a figure.

8- The reviewers asked to add figures concern with the immunohistochemical (IHC) results of the resected specimen? We have added figures.