Author’s response to reviews

Title: Case report: New development of fibrosing interstitial lung disease triggered by HIV-related pneumocystis pneumonia.

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Author’s response to reviews:

March 5, 2019

Dr. Cecillia Devoto,
Editor-in-Chief, BMC Pulmonary Medicine

Re: PULM-D-18-0085
Title: Case report: New development of fibrotic non-specific interstitial pneumonia triggered by HIV-related pneumocystis pneumonia.
Authors: Tetsuya Suzuki et al.

Dear Dr.Devoto,

Thank you for your e-mail of March 5, 2019. We were pleased to know of your positive evaluation of our manuscript and its potential acceptance for publication in BMC Pulmonary Medicine, subject to response to your comment.

Based on your instructions, we logged into the Manuscript Central website and submitted the file of the clean & highlighted manuscripts, and the file of the point-by-point response to the comments raised by the reviewers. We take this opportunity to express our gratitude to you for a constructive remark.
I hope that the revised manuscript is now acceptable for publication in the BMC Pulmonary Medicine.

Sincerely Yours,

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Response to the comments to reviewer #1:

We appreciate the kind suggestions. The manuscript was revised according to the comments as shown below.

The authors reported a rare case of fibrosing interstitial lung disease developed after the treatment of Pneumocystis pneumonia. The case presentation and discussion are overall acceptable. Minor concern: Lacking of a pathologic/histologic examination, the diagnosis of NSIP is still questionable, given the possibilities of others such as organizing diffuse alveolar damage and lymphocytic interstitial pneumonia. It is understandable that a biopsy is not amenable in this case, however, this reviewer recommends using a more descriptive term "fibrosing interstitial lung disease" instead of NSIP.

Response: I, the author, completely agree with reviewer’s comment. According to the advice, we replaced fNSIP to fibrosing interstitial lung disease in our manuscript.

Response to the comments to reviewer #2:

We appreciate the kind suggestions. The manuscript was revised according to the comments as shown below.

GENERAL COMMENTS: This is an interesting case report of fibrotic nonspecific interstitial pneumonia following PCP pneumonia infection. A few minor points diminish enthusiasm.

Response: Thank you for positive evaluation.
- If this man was undergoing routine health evaluations, how did he progress to develop PCP pneumonia. Was he not adherent with ART? If so, what was his initial regimen before he was admitted for PCP pneumonia or was he not on ART for some reason? All of these points should be clear, as should his CD4 count / percentage at presentation, which would likely be <200 or <14%

Response: HIV-1 screening is not routinely performed at annual health check in Japan. So his HIV-1 was first pointed out upon blood examination at local hospital when PCP was diagnosed. So I modified sentence to clarify (line 74). And CD4 counts and HIV-RNA were 45/uL (7.3%) and 56,000copies/mL, respectively. I added CD4% in line 77, and page of “timeline of the treatment” for clearer presentation.

- Given some time has likely passed since this report was written, how has the patient done in the long term? Have his fibrotic changes and pulmonary function improved? It would be helpful for there to be further discussion about the standard treatment for interstitial pneumonia, how it tends to respond clinically to treatment, and how this patient's course compares to what is know in this regard.

Response: Unfortunately, he was referred to the local hospital for his convenience for routine visit because he lives Chiba prefecture and his ADL at discharge was much more decreased compared to that before admission. Therefore, long-term clinical course after the initiation of nintedanib cannot be clarified from the medical record of our institute. And response to the treatment is considered as an out of scope in this case report.