Author’s response to reviews

Title: Descending Necrotizing Mediastinitis Caused by Streptococcus Constellatus in an Immunocompetent Patient: Case Report and Review of the Literature

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1. page 3, lines 5,6: Authors reported that during bronchoscopy an endobronchial lesion was found in the right main bronchus and a biopsy revealed the presence of inflammatory cells (i.e. granuloma). This is a relevant finding since a lesion like this could induce an atelectasis and a post-obstruction pneumonia. It is unclear the exact anatomical location of the lesion and if this induced a significant segmental/lobar bronchial obstruction. Did it induce a post-obstructive pneumonia? Was it the cause of the right pneumonia described in the text?  
answer: A proximal right main bronchial neoplasm (5*4 mm) was so small and the distal bronchus was unobstructed, also there was no change of atelectasis or obstructive pneumonia.

2. How was this benign lesion treated? Was it treated with an ablative endoscopic procedure (e.g. laser therapy, argon plasma coagulation, etc.)? This issue should be necessarily clarified and then discussed in the Discussion section.
answer: This benign lesion was treated with bronchoscopic biopsy forceps and never cured with an ablative endoscopic procedure. It was disappeared in the following reexamination.

3. page 3, lines 8,9: Was Mycobacterium tuberculosis presence in the abscess fluid ruled out (i.e. with acid-fast bacilli, PCR and culture)? Notably, the patient had a history of tuberculosis in the past.
answer: Mycobacterium tuberculosis in the abscess fluid was ruled out with acid-fast bacilli, PCR and culture.

4.-page 2, lines 33,34: Did the patient have a chest (i.e. pulmonary and/or pleural and/or mediastinal lymph nodes) tuberculosis? This aspect deserves a clarification.
answer: Subsequently culture of mediastinal abscess fluid yielded Streptococcus constellatus. Mycobacterium tuberculosis in the abscess fluid was ruled out with acid-fast bacilli, PCR and culture.
Calcified lymph nodes in mediastinum were deduced to previous tuberculosis infection and it was eliminated the recurrent active infection of tuberculosis by laboratory examination.

5. page 2, lines 56: Which is the meaning of the sentence "The patient experimentally started"? Do Authors mean that an empiric antibiotic treatment was started?
answer: The empiric antibiotic treatment was started on intravenous moxifloxacin 0.4 ivgtt qd and cefoxitin 2.0 ivgtt bid.

6. page 3, line 1: which needle size (i.e. gauge) was employed during EBUS-TBNA treatment of the abscess? Which was the duration of the procedure?
answer: EBUS-TBNA was done, which model of puncture needle was Olympus 4022 with diameter of 22G and the max-length of 40mm and the operation lasted about half an hour.

7. Discussion
-page 4, line 8-19: this paragraph, which focuses on the possible pathogenesis of the mediastinal abscess should be placed in the beginning of this section (before commenting on the other case reports/series). Furthermore, it should be underscored that Streptococcus constellatus could have pass into the mediastinum through a possible endobronchial leak, only following an inhalation of the germ from the upper airways.
This is issue should be clarified.
answer: It could be hypothesized that the giant calcified mediastinal lymph node causes a possible endobronchial leak. Following an inhalation of Streptococcus constellatus originated from the upper airways could develop descending necrotizing mediastinitis. Simultaneously, repetitive inflammation stimulated the formation of inflammatory granuloma. This benign lesion was treated with bronchoscopic biopsy forceps and never cured by an ablative endoscopic procedure such as laser therapy, argon plasma coagulation, cryoablation. It was disappeared in the following reexamination.

8. Conclusions
Authors stated that EBUS-TBNA should be implemented to drain a mediastinal abscess. I agree that this is a useful minimally invasive way to avoid surgery in this context. Moreover, it should be pointed out that this particular treatment procedure should be carried out only in centres with large experience in endobronchial ultrasound guided needle aspiration techniques. Indeed, mediastinal infections/sepsis following EBUS-TBNA of mediastinal lymph nodes, cysts and abscesses are described in the literature.
answer: However it should be carried out only in centres with large experience in endobronchial ultrasound guided needle aspiration techniques in order to reduce the possible risks, such as mediastinal infections and sepsis. have been added.