Author’s response to reviews

Title: Lethal thrombosis of the iliac artery caused by Aspergillus fumigatus after liver transplantation. Case report and review of the literature.

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Author’s response to reviews:

Dear Editor,

please find enclosed our point-to-point reply to the Reviewer concerning our manuscript entitled “Lethal thrombosis of the iliac artery caused by Aspergillus fumigatus after liver transplantation. Case report and review of the literature.”.

First of all, we thank Reviewer 1, Professor Akbulut for his kind acceptance of our manuscript.

In addition, we sincerely thank Professor Akamatsu for the evaluation of our manuscript, for the helpful suggestions and for the invitation to submit a revised version of our manuscript.

According to your comments, we have now prepared a revised version of the manuscript that you will find enclosed with this letter.
Below, we will explain point-by-point how the arguments and criticisms have been dealt with.

Reviewer 2:

Request 1. “The treatment for AIH before LT should be explained in detail. The dose of steroids, or other specific treatments should be presented.”

Answer 1. We thank the reviewer for pointing this out. We added detailed information on treatment of acute on chronic liver failure on page 3, lines 65-67. “The disease did not respond to a high dosage of steroids (100 mg for 5 days with consecutive reduction) with acute-on-chronic decompensation and the patient was evaluated and listed for LT.” In addition, we highlighted the rapid progress of the disease with the LT being performed 5 weeks after first admission (page 3, lines 68-69).

Request 2. “Do authors use prophylactic antifungals after LT as a protocol?”

Answer 2. We agree with the reviewer that this is an important point and have added a statement that reads “Antifungal therapy was not applied as a standard treatment.” (line 86, page 4). We have not used prophylactic antifungals in our liver transplantation program as we have not experienced repeated fungal infections.

Request 3. “How was the steroid dose after LT?”

Answer 3. As requested, we describe the standard steroid dose after LT on page 3, lines 79-81 “Initial immunosuppression consisted of a steroid induction dosage of 500 mg prednisolone administered perioperatively, a basiliximab induction 20 mg i.v. on pod 0 and 4, followed by a low dose tacrolimus and a prednisolone taper schedule (starting dosage of 20 mg).”

Request 4. “Authors mentioned that the patient was on hemodialysis in the early postoperative period. How long was it? What was the cause of acute kidney injury?”

Answer 4. As requested, we have added details of haemodialysis on page 4, lines 86-88: “An intermittent haemodialysis was started on pod 5 due to acute renal failure after LT and continued for 3 weeks, until spontaneous diuresis returned.”
Request 5. “How were the protocol cultures (nasal, sputum, urine, etc) before LT in this case?”

Answer 5. Standard protocol cultures before LT showed negative results. We added information on page 3, line 72: “At the time of LT, microbiological smears showed negative results.”.

Request 6. “Figure 1 is difficult to follow. Antifungal treatments had better be presented in more standing out style.”

Answer 6. We agree with the reviewer and restructured the figure. The antifungal treatment as a key-part of the therapy was pointed out.

Request 7. “English should be revised.”

Answer 7. As requested, the manuscript was proofread by a native speaker.

We very much hope that these modifications and additions sufficiently improved our paper making it now suitable for publication in BMC Surgery.

Thank you very much for your consideration and efforts!

Sincerely yours,

Dr. Jan-Paul Gundlach & Prof. Felix Braun