Author’s response to reviews

Title: Madurella mycetomatis infection of the foot: a case report of a neglected tropical disease in a non-endemic region

Authors:

Basma Karrakchou (karrakchou.basma@gmail.com)

Ibtissam Boubnane (ibtissam.boubnane@gmail.com)

Karima Senouci (k.senouci@gmail.com)

Badreddine Hassam (hassambadreddine@gmail.com)

Version: 1 Date: 07 Oct 2019

Author’s response to reviews:

Thank you for your responses, all comments were reviewed as showed in the manuscript.

Editor Comments:

1. Authors’ contributions
Please represent authors' names using their full initials, not their full name, in the Authors’ Contributions section. For example, the initials of John Smith would be ‘JS’. If there are any duplicated initials, please differentiate them to make it clear that the initials refer to separate authors, for example, by adding their middle name initial.

Response
Checked and corrected.

2. Language

Unfortunately, there are some minor language issues including phrasing and grammatical errors throughout the manuscript. Please ensure that you have thoroughly checked your manuscript for any other language errors. We recommend that you ask a native English speaking colleague to help you copyedit the paper. If this is not possible, you may need to use a professional language editing service. Use of an editing service is neither a requirement nor a guarantee of acceptance for publication.

Response
Language was checked.
BMC Dermatology operates a policy of open peer review, which means that you will be able to see the names of the reviewers who provided the reports via the online peer review system. We encourage you to also view the reports there, via the action links on the left-hand side of the page, to see the names of the reviewers.

Reviewer reports:

Judith Dominguez-Cherit, MD (Reviewer 1): It will be interesting if authors could recall the patient for any previous trauma or for a travel to endemic zone in Africa or outside Africa.

Response
Added: No previous trauma or injury of the foot has been noticed by the patient and no travel to endemic zone in Africa or outside Africa has been reported.

Noureddine Litaïem (Reviewer 2): The authors of this article described a typical case of eumycetoma in a 64-year-old patient. This case presentation could have an educational value. I suggest however the following:

- Several English language mistakes need to be corrected

Response
English was checked.

- Please provide images of the direct examination and fungal culture if available.

Response
Provided

- Dermoscopy was recently described as an auxiliary tool that could be helpful for the early diagnosis of mycetoma (https://doi.org/10.1111/ijd.14187). Please add a brief description in the discussion section.

Response
Added: Recently, Dermoscopy has proven its usefulness in detecting subclinical grains. It gives a clinical diagnosis presumption by showing structureless blue-white areas in eumycetoma, corresponding to deep black grain localization. A white halo surrounds these areas, and sometimes polymorphic vessels are seen.

Ruoyu Li (Reviewer 3): The paper report a eumycetoma case caused by Madurella mycetomatis, the review's comments as the following:
1. Abstract should be less than 350 words. The background part can be shorter.

Response
Checked and corrected (Abstract contains 233 words).

2. Do not repeatedly write down a specific year (like "in 2008") to describe the medical history.

Response
Checked and corrected.

3. How was the isolate identified as Madurella mycetomatis? Whether PCR or MALDI-TOF was performed?

Response
These techniques are not available in Morocco nor in many countries worldwide.

Added as:
In our patient, Madurella mycetomatis specific characteristics were identified on direct examination of grain and its culture. The grains are macroscopically black to brown firm grains from 0.5 to 1mm. Direct microscopic examination is evocative and shows 3-4 μm septated hyphae branched in a network and ended in circular vesicles (chlamydoconidia) (Figure 2). Madurella mycetomatis culture grows slowly after at least 3 weeks at 27° on Sabouraud medium with antibiotics and without actidione. The macroscopic aspect of the culture is a circular flat felting colony with an elevated center and peripheral grey folds. The reverse side is dark to brown with a diffusible pigment in agar. The culture microscopic examination with Lactophenol Cotton Blue Stain shows septated blue hyphae and chlamydoconidia (Figure 3).

4. Any figure of the direct microscopy? Better to show a figure of the septate hyphae and chlamydoconidia.

Response
Added

5. Have fungal and bacterial species names in italic, including the text and Table 1.

Response
Checked and corrected.
6. The discussion part is confusing and separated into too many paragraphs. Discussion architecture should be more well-organized. Combine similar discussion contents into one paragraph.

Response
Checked and improved.

7. The conjunctions ("second", "finally") are not necessary.

Response
Checked and corrected.

8. Need to polish the Language

Response
Checked and corrected.