Author's response to reviews

Title:Surgery for Localized Pulmonary Mycotic Infections in Hematopoietic Disorder Patient

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Author's response to reviews: see over
Dear editor
I would like to submit my paper which was revised.
I have corrected and commented everything you have pointed out and they were marked with red letters in my manuscript.
Thank you for your comments.

I hope you will consider this paper as suitable publication in your journal.
I am looking forward to your reply.
Thank you in advance.

Truly yours,
Youngkyu Moon. MD.

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**Review 1**

| The paper is interesting and shows an unusual medical condition for thoracic surgeons and haemathologists. I have no major points of discussion about it. | I appreciate your kind comments. |

**Review 2**

| the treatment of aspergillus infection is well known, despite non consensus of opinion for the optimal treatment, a retrospective study doesn't append nothing new. | I appreciate your kind comments. I think the treatment of aspergillus infection for hematologic patients is not well established. Some retrospective studies about aspergillus infection of hematologic patients were published.(page 4. Red letter) However, the number of cases were limited because of it’s rareness. So, randomized controlled trial is impossible in most of the centers. I thought that a new retrospective study is also valuable in such a circumstance. |
the surgical approach is very different in present of aspergilloma (localized infection in underlying pulmonary disease, such as cavitary tuberculosis, fibrotic lung disease, etc) or invasive aspergillosis (encountered in patients who are immunocompromised). because invasive aspergillosis is completely different from aspergilloma, their surgical approach couldn't be compared.

Furthermore, simple mycetoma is easy to treat; unfortunately, complex mycetoma is a serous surgical approach which request non only anatomic surgical resection, but also persistent pleural space treatment. in the work, there is not mention of this.

Quality of written English: Not suitable for publication unless extensively edited

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<td>now</td>
<td>Thanks</td>
<td>for your comment. We experienced that surgical procedures were very similar between complex aspergilloma and invasive aspergillosis. They have severe adhesion, fragility of lung parenchyme and unresectable inflammatory lymph nodes. Some reports didn’t separate aspergillus infection into aspergilloma and invasive aspergillosis in hematologic patients (CHEST 2012;142(4):988-995)(J Thorac Cardiovasc Surg 1998;115:63-9). We also didn’t compare aspergilloma with invasive aspergillosis. Our focus is comparison of surgical result of mycotic infections between hematologic patients and non-hematologic patients.</td>
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<td>now</td>
<td>Thanks</td>
<td>for your good comment. Simple mycetomas were easy to resect. However the operations of complex aspergilloma and invasive aspergillosis were very difficult. I added this mention in page 8(red letter). I also already mentioned about surgical procedures in my manuscript (page 5,7,8,12, 13 red letter)</td>
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<td>This article has been edited by native English-speaking experts of BioMed Proofreading, LLC. (page 14. Acknowledgements)</td>
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