Reviewer’s report

Title: Marked Improvement in Autoimmune Pulmonary Alveolar Proteinosis with Severe Hypoxemia in a Patient Treated with Ambroxol.

Version: 2 Date: 26 January 2015

Reviewer: Vasilios Tzilas

Which of the following best describes what type of case report this is?: Other

If other, please specify:

Unexpected therapeutic response to a pharmaceutical agent (Response of Pulmonary Alveolar Proteinosis to Ambroxol)

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: Yes

Will the case report make a difference to clinical practice?: Yes

Is the anonymity of the patient protected?: Yes

Comments to authors:

1) "Here, we report a case of autoimmune PAP with chronic severe hypoxemia, which was cured by oral administration of ambroxol".
   The word cured should be replaced with a milder expression (e.g. responded to) as it can lead to misleading conclusions.

2) "Chest radiographs (CXR) showed bilateral ground glass opacities".
Ground glass opacities is a descriptive term regarding High Resolution Computed Tomography and it should be avoided in the description of a Chest X Ray. The term "bilateral infiltrates in the mid and lower lung zones" is preferable.

3)"The patient has continued ambroxol treatment without disease progression". Could you specify the exact time range that the patient is in stable condition with ambroxol therapy.

4)" Oral ambroxol should be tried for PAP, even in patients with severe respiratory compromise, because it is a simple treatment, unlike WLL or inhaled GM-CSF"

This comment can be misleading as the evidence of ambroxol efficacy regarding PAP remains scarce. This comment implies superiority of ambroxol vs WLL/GM-CSF therapy and should be rephrased.

According to current evidence (as already included in the manuscript), first line therapy is WLL and inhaled GM-CSF.

Ambroxol therapy can be tried as a last resort alternative in cases that WLL or GM-CSF therapy is not feasible for various reasons, as in the described patient.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Declaration of competing interests:

I declare that I have no competing interests