

ANSWERING REVIEWERS

February 2, 2015

Dear Editor,

Thank you for your comments. We revised and answered all the questions and comments made by reviewers.



Please find enclosed the edited manuscript in Word format (*Nocardia infections...: 16285-review.doc*).

Title: *Nocardia infections Among Immunomodulated Inflammatory Bowel Disease Patients: a review*

Author: Cândida Abreu, Nuno Rocha Pereira, António Sarmento, Fernando Magro

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 16285

1 Format has been updated, according to your recommendations

1.1 "Author Contributions"

Response: author contributions were added on page two

1.2 "Conflict of Interest"

Response: A file is signed by the corresponding author and provided in a PDF format; the statement is also mentioned as a footnote after Acknowledgements, on page fifteen in the manuscript text.

1.3 "Correspondence"

Response: detailed address is now provided on page two

1.4 "Core Tip" considering all authors abbreviation names and manuscript title

Response: A summary of less than 100 words to outline the most innovative and important arguments and core contents in the paper to attract readers is now included: **Nocardia infections Among Immunomodulated Inflammatory Bowel Disease Patients: a review**

(Short title: *Nocardia infections in immunomodulated patients*)

C. Abreu, N. Rocha-Pereira, A. Sarmento, F. Magro.

Opportunistic infections in immunomodulated patients with inflammatory diseases has gained renewed interest because of the new biological therapies.

Concerning inflammatory bowel disease, in particular anti-TNF drugs, turned granulomatous infection diseases a real risk. The awareness and knowledge about Nocardiosis, a rare but severe granulomatous infection, is probably lacking for the majority of doctors treating these patients.

Our aim is to increase the awareness about the infection and review the published cases in this particular group of patients. We would like that our reads increase knowledge about clinical manifestations and up-to-date treatment, be aware of the risk of the disease and when to suspect Nocardiosis.

1.5 "Reformat all the reference numbers and add PubMed citation numbers and DOI citation to the reference list and list all authors"

Response: all the reference numbers and citation of all authors have been reformatted according to

the suggestion

1.6 - *"For papers without PMDI and DOI the first page of the paper should be provide"*

Response: A printed copy of the first page of the three papers without PMID and DOI are submitted, concerning: reference number 23, 43 and 49

2. The manuscript has been improved according to the suggestions of reviewer:

2.1 - *"there should be a section of methods explaining in detail how literature research was done, on which data bases, languages etc, how many articles were found and how their quality was judged"*

Response: the section was included and detailed concerning data bases consulted, articles included: reviews and case reports. In page six the section on literature research was reviewed: "We searched Pub Med, B-On, OVID databases for articles till November 2014, using these key words alone or in combination: "Nocardia spp", "nocardiosis", "immunosuppressed patients", "nocardia diagnosis""nocardia treatment", "nocardia sensibility" "inflammatory bowel disease", "Crohn Disease", "ulcerative colitis", "anti -TNF therapy". We select review articles of Nocardiosis and 14 articles of case reports all in English language except one case report, all together 50 articles.

2.2 - *"most of the patients were treated with combination of anti TNF and some other immunosuppressant, only 2 were treated with infliximab alone and they had a milder form of cutaneous involvement, a comment toward the increased risk of combo therapy should be added"*

Response: the comment was included at conclusions, as you can see in page fourteen: Remarkably double or triple immunosuppression seems to represent a higher risk for the disease. When concerning patients treated with anti TNF alone, just two cases of cutaneous forms were described.

We hope that our revised version of the manuscript can answer all your questions and match your expectations. However we are completely available to answer to new questions or address any concern that may persist. Thank you again for publishing our manuscript in the World Journal of Gastroenterology. Looking for hearing from you soon Sincerely yours,

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