

Dear Editor and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "**Cryptococcal pneumonia in an HIV-negative patient: A case report**" (ID: 54206). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our report. We have studied comments carefully and have made correction which we hope meet with approval. Revised portion are marked in red in the paper. The main corrections in the paper and the responds to the reviewer's comments are as flowing:

Responds to the reviewer's comments:

1. Response to comment: State the dose of fluconazole the patient received over the first 6 weeks (intravenously for one week, then orally for the remainder of the duration). The authors correctly state in the Discussion section that patients with cryptococcal disease typically require high-dose fluconazole treatment, but they do not indicate whether this was done in this case or not. If not, this could be a reason for a lack of response to fluconazole and should be mentioned.

Response: We are very sorry for our negligence of the dose of fluconazole the patient received over the first 6 weeks .We have added the dose of fluconazole 400mg double the first dose for 1 week, after which the patient was discharged and prescribed oral fluconazole 400mg oral

once a day at that time, and the major revised portions were marked in red bold. Maybe, the failure of fluconazole initial treatment may be caused by insufficient initial treatment dosing of fluconazole.

2. Response to comment: Clarify whether lung tissue was sent for culture or not. If so, what were the results? If a cryptococcal organism was isolated, was susceptibility testing done or not? If the latter was done, what was the result?

Response: We regret that the lung tissue was not cultured.

3. Response to comment: In the Introduction, the authors mention that “Cryptococcosis is a form of opportunistic invasive mycosis that is driven by infection with the *Cryptococcus neoformans*”. There are two species commonly known to cause human disease, *Cryptococcus neoformans* and *Cryptococcus gattii*. *C. neoformans* causes disease in both immunocompromised and immunocompetent hosts, while *C. gattii* is regarded as a pathogen of immunocompetent persons. This is stated later in the Discussion section, but it would be helpful to briefly mention the two species in the Introduction, especially in a non-immunocompromised host.

Response: After carefully studying the reviewer's comments and your advice, we have made corresponding changes to the paper. Here we did not list the changes but marked in red in revised paper. We appreciate for Reviewers' warm work earnestly, and hope that the

correction will meet with approval.

4. Response to comment: The manuscript could benefit from better editing. Examples: a. Change “Cryptococci” to “cryptococci” b. Change “infections... but it” to ”infections... but they” c. Change “Gattii” to “gattii” d. Change “sights of wheezing” to “signs of wheezing” Etc.

5. Response: We are very sorry for spelling errors, and in this revised version, we have checked carefully of all the errors.

Thank you again for your positive comments on our manuscript. Hopefully, we could have our article been considered of publication in your journal. Should there been any other corrections we could make, please feel free to contact us.

Name Yan-Bei Zhang

Date 2020-3-3