

June 30, 2022

Dear Jin-Lei Wang,

Thank you for your consideration of our manuscript, “Incidental Diagnosis of Intestinal Spirochetosis in a Patient with Chronic Hepatitis B: A Case Report” for publication in the World Journal of Clinical Infectious Diseases. We appreciate the thoughtful and thorough feedback provided in the reviewer and editorial comments. We believe that the manuscript has been significantly improved since the incorporation of these comments. Please see below for a detailed point-by-point response to each comment.

Thank you for your consideration and for the opportunity to resubmit to the World Journal of Clinical Infectious Diseases.

Sincerely,

A handwritten signature in black ink that reads "Samantha Novotny". The signature is fluid and cursive, with the first name and last name clearly distinguishable.

Samantha Novotny

Renaissance School of Medicine at Stony Brook University

Email: Samantha.novotny@stonybrookmedicine.edu

Reviewer #1:

However, conclusions may be improved. What impact for clinical practice this case may have in the future?

Response: The conclusion has been strengthened to highlight important takeaways for clinical practice and future research. It now reads, "When evaluating immunocompromised patients, including those with HIV or viral hepatitis, one should consider the possibility of IS colonization, particularly in patients with gastrointestinal symptoms. This case highlights the feasibility and success of conservative management without use of antibiotic therapy in asymptomatic IS. Additionally, close monitoring with collaboration and shared decision-making between gastroenterologists and infectious disease specialists for asymptomatic IS was beneficial. Future research is needed to evaluate the impact of Brachyspira colonization of the gastrointestinal tract and to establish recommendations for treatment and follow-up, specifically in asymptomatic patients."

Case report section: I would suggest being more specific for how long each condition lasted, when it was diagnosed.

Response: The timing of diagnoses was clarified in the History of present illness section to explain that initial diagnoses of PUD, GERD, and HBV occurred 5 months prior to the current visit. This section now reads, "This patient initially underwent esophagogastroduodenoscopy (EGD) 5 months prior to this visit due to melena and symptomatic anemia. EGD findings were notable for Los Angeles Grade A esophagitis and a large, cratered gastric antral ulcer with pigmented spots. He was diagnosed with peptic ulcer disease and gastroesophageal reflux and was discharged on pantoprazole 40 mg twice daily. At that time, a workup for abnormal liver enzymes revealed a new diagnosis of chronic hepatitis B virus (HBV)."

I would also suggest providing a Table with laboratory parameters depending on the time of measurement/follow-up.

Response: Table 1 has been added and includes laboratory values obtained at 5 months and 1 week

prior to colonoscopy.

I would also suggest to provide pictures of the imaging tests that were performed, that would certainly increase the value of this case report.

Response: A colonoscopy image of a transverse colon polyp has been added (Figure 1).

The discussion is interesting, however I would like the authors to try to answer my questions within this section: Was the patient undergoing a diagnostic path for a congenital immunodeficiency? What was his proteinogram/albumin level, was the possibility that he was not well nourished? Does the patient have any tattoos? Unprotected sexual encounters in the past or currently? Do we know anything about how the patient was infected with hepatitis B virus? Is there any possibility that IS may be an STD along with hepatitis B? Was the military history somehow connected to patients' medical conditions, especially regarding HBV infection.

Response: We would like to thank the reviewer for this insightful comment. The patient denied any previous congenital immunodeficiency workup and this information has been added into the History of past illness section, which now reads, "He denied previously undergoing diagnostic workup for congenital immunodeficiencies." The patient's proteinogram/albumin level were normal. This has been added to the Laboratory examination section within Table 1 and within the text reading, "Alkaline phosphatase, bilirubin, total protein, and albumin levels remained within normal limits." The patient has one tattoo. This was added to the Personal and family history section, which now reads, "He had one tattoo that was obtained 50 years prior." He denied unprotected sexual intercourse. This was added to the Personal and family history section, which now reads, "He denied recent or remote history of unprotected sexual intercourse and denied history of sexually transmitted diseases." Unfortunately, the origin of this patient's HBV infection remains unknown as he was unable to identify any risk factors associated with his sexual activity or exposures in the military. To summarize all of these findings, the Discussion section has been updated and now states, "The origin of this patient's HBV infection is not certain. His history is notable for having one tattoo, but he denied sexual or military exposures that would otherwise suggest a source for his HBV infection."

Was the signed consent obtained from the patient for publishing his case?

Response: Yes, the signed consent for publishing this case report was obtained.

Reviewer #2:

Major language edition

Response: All authors are native English speakers and have reviewed the manuscript for proper grammar and English content.

