

RESPONSES to the REVIEWERS

REVIEWER #4

Reviewer #4: **Scientific Quality:** Grade D (Fair)**Language Quality:** Grade B (Minor language polishing)**Conclusion:** Accept (General priority)**Specific Comments to Authors:** This is a well-presented case report and literature review.

Author Response: Thank you for your comments and reviews for this case report and literature review. Thank you

REVIEWER #3

Reviewer #3: **Scientific Quality:** Grade C (Good)**Language Quality:** Grade B (Minor language polishing)**Conclusion:** Minor revision**Specific Comments to Authors:** Tapping error: 1. Abstract: section of case summary: line 3 “shin” correct to “skin” 2. Case presentation: section of history of present illness: line 4 “shin” correct to “skin” 3. Physical examination: line 7 “shin” correct to “skin”

Author Response: We do not believe this was a typing error. We wanted our readers to know the location of skin lesion that was on the shin (anterior tibial area). We have modified the word “shin” to “lower leg” for the words of the patient and used “anterior tibial area” on the physical findings

- In the case summary of abstract- line now 2 (line 57-58 of manuscript)- we modified to left lower extremity
- Case presentation, in section of history of presenting illness, line 4 (line 116 of manuscript), we are using left lower leg
- Physical Examination line 6 and 7 (line 145-146 of manuscript), we have changed “shin” to “Anterior tibial area”

REVIEWER #2

Reviewer #2: **Scientific Quality:** Grade A (Excellent)**Language Quality:** Grade A (Priority publishing)**Conclusion:** Minor revision**Specific Comments to Authors:** In this paper, authors introduced a case of cutaneous leishmaniasis infected with *Leishmania panamensis*. The diagnosis and treatment were described in detail. This paper was helpful for readers to understand the importance of leishmaniasis, especially in endemic areas.

It can be accepted after a minor revision.

Main comments: 1. Leishmaniasis is one of zoonoses, it is suggested to be emphasized in part of "Introduction" briefly.

Author Response: Please see lines 89 through 92 have been modified in "Introduction". Thank you.

2. In lines 152-153, ".....and friends with similar histories in Honduras being diagnosed with CL", the background is encouraged to be detail. How many friends climb mountains and cut wood with the patient? How many friends with similar histories in Honduras being diagnosed with CL? And what is the outcome of these diseased friends? It is helpful for readers to understand the severity of the disease at an epidemiological level.

Author Response: We and the patient unfortunately do not know how many friends were there with him. His friends were treated and according to our patient, they all got better. Please see line 232 under Discussion in section "treatment" has been added.

REVIEWER #1

Reviewer #1: **Scientific Quality:** Grade C (Good) **Language Quality:** Grade B (Minor language polishing) **Conclusion:** Major revision **Specific Comments to Authors:** Ashaur Azhar et al. presented a manuscript entitled "Cutaneous Leishmaniasis in Louisiana. One-year follow-up. Case Report and Literature Review" which is a case report of a 40 years old male with a cutaneous leishmaniasis lesion on his shin and sporotrichoid lymphangitis caused by *L. [V.] panamensis*. The manuscript is well prepared however I have the following concerns:

Major concerns:

Reviewer comment: The title is not suitable, the manuscript is only a case report and the Literature Review should be omitted from the title.

Author Response: We would like to request to keep the same title, as we did literature review, as evident by the references and discussion of some other cases mentioned in discussion section. We would appreciate that.

Reviewer Comment: It is mentioned that at follow up visit approximately 11 months the lesion was stable, according to the fig 5, the lesion is completely healed so the statement should be modified.

Author response: The sentence at line 194 has been modified.

Minor concerns:

Reviewer Comment: The discussion section should be modified and compare the case with similar cases and discuss about the details.

Author Reply: please see “discussion” section modified and compared with other case reports with reference no 9, 11-13 (line 206 to 214). Under “diagnosis” we have references (line 217 onwards). In “treatment section” again we have mentioned ref for other case reports. We had limited the discussions of these cases because of word count. Please accept these modifications.

Reviewer Comment: First statement of discussion section about the distribution of cutaneous leishmaniasis, the statement is not correspond with the reference 4, the reference statement is as follow “Cutaneous leishmaniasis (CL) is the most common form of leishmaniasis and causes skin lesions, mainly ulcers, on exposed parts of the body, leaving life-long scars and serious disability or stigma. About 95% of CL cases occur in the Americas, the Mediterranean basin, the Middle East and Central Asia. In 2018 over 85% of new CL cases occurred in 10 countries: Afghanistan, Algeria, Bolivia, Brazil, Colombia, Iran(Islamic Republic of), Iraq, Pakistan, the Syrian Arab Republic and Tunisia. It is estimated that between 600 000 to 1 million new cases occur worldwide annually.” The statement should be modified to correspond with the reference 4.

Author Response: The sentences have been modified according to reference 4. Thank you.

Reviewer Comment: The incubation period of CL is 2 weeks to 8 months and reference 11 is not related to the issue.

Author Response: Lines 206 to 209 have been modified.

Reviewer Comment: Pathology figures can be useful if the Leishmania amastigotes are shown by arrows.

Author Response: We have modified the figures with circles but not arrows. Our lead pathologist/ our author also feels like circle would be better than an arrow

Reviewer Comment: Line 209-210, the statement of “Patients on treatment should be monitored for elevations in transaminases and serum creatinine”, is correct only for the treatment with antimoniate derivatives.

Author Responses: Now line 239-241- We would like to keep this sentence, because after reading articles ref 23 and 24 and also as per CDC team recommended the corresponding author to monitor these values. Thank you. We will appreciate that.

After review of ref 23- on page 32 of 66, authors do say that..... Other frequently observed miltefosine-related toxicities are mainly associated with the kidneys and liver.

Elevated serum creatinine levels during treatment are frequently observed,”
“severe nephrotoxicity caused by miltefosine is, however, rare. Serum levels of both alanine aminotransferase (ALT) and aspartate aminotransferase (AST) tend to increase mildly in the first week of miltefosine treatment in VL patients...”

As per review of ref 24, authors say that, “10-20% had mild transaminase and creatinine elevations” Also CDC had recommended us that to monitor creatinine and transaminases during treatment.

Reviewer Comment: Line 223-224, “Patients and providers should be aware that prior infection does not confer protective immunity” is not correct in the contrary recovery from CL (natural infection or leishmanization) induces strong immune response and protection.

Author Response: Now Line 253. Thank you. We have removed the sentence.

Reviewer Comment: Some of the references are irrelevant or more appropriate references are available like references 4-6 for line 91 and 7-9 for line 92-93, reference 5 for line 193.

Author Response: We would request to please reconsider. We would like to keep these references. Please see

For line 91 now line 95 ref 4 to 6 mentions about the different forms of leishmaniasis that have been summarized in that paragraph.

For line 92/93----- now line 97---ref 7 to 9 talk about different skin lesions can be seen in CL. We would like to keep these references please.

For line 193----- now line 220 under diagnosis, we have changed the reference to ref 15, a new ref. Thank you. Please accept.