

Response to reviewers

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors: In this review article, the authors discuss cryptococcal infection in kidney transplants recipients including epidemiology, clinical features, diagnosis, treatment and complications. The article reads well and is a clinically relevant topic. I have the following comments to improve the manuscript: 1. It will be useful to provide figures showing different presentations of the disease and microscopy of the organism 2. Generalized lymphadenopathy with constitutional symptoms and weight loss can be a presentation that can mimic post transplant lymphoproliferative disease (PTLD). This should be mentioned. 3. Rarely severe cryptococcal infection especially with lung involvement can be complicated by the development of hemophagocytic lymphohistiocytosis (HLH) associated with very high mortality. A high index of suspicion is needed to make an early diagnosis which can help to incorporate specific therapy for HLH earlier which may improve outcomes. This should be included in the discussion.

Reply: The points are well taken, and the text has been modified as per them.

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: Attached to the manuscript file.

Comment 1: Please elaborate if there is a differential effect between CSA and TAC.

You only mentioned this in the last part of your manuscript.

Any data on patients using mTOR inhibitors?

Reply: Added in the manuscript

Comment 2: Check the epidemiology in the view of the literature review.

Describe how geography, the prevalence of HIV, and immunosuppression will affect the epidemiology.

Reply: Added in the manuscript

Comment 3: An essential core tip is to have a high suspicion index and low diagnostic threshold, especially in regions with high prevalence and in organs with high risk like lung or in deceiving presentations like CNS disease.

Reply: The point is well taken, and modifications are done as per suggestions.

Comment 4: For microscopy, culture, and histopathology, add coloured figures.

Reply: New figures have been added (figure 2a,2b,and 3)

Comment 5: This is not new, but the liposomal form is the newer form.

Reply: The point is well taken and modifications are done as per suggestions.