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Title: Fatal Gastrointestinal Histoplasmosis 15 years after orthotopic liver

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Response to Reviewers

03290510: Thank you for these comments:

1. An Introduction has now been included
2. Some details have been omitted to shorten the report however we believe that the details remaining are necessary and relevant to this complex case.
3. Likewise the discussion has been reduced however again we feel that the details included are important and serve to show why this case was very unusual but exemplify why Histoplasmosis should be thought about even after a very considerable time has elapsed since a period of possible exposure in an endemic part of the world.
4. This error has been corrected.
5. We have made some changes to the text to emphasise why Histoplasmosis was not considered – we were not aware of her travel to Africa after her liver transplant and so understood that her exposure whilst being in Africa had been >30 years previously. This still might have been the time when she was exposed to initial infection and so any exposure should be considered important however this emphasises the importance of a careful travel history. In the UK the most common cause of ileo-colitis is Crohn's disease and a trial of steroid would be standard therapy for this. It is for these reasons that we believe this case is highly educational and so submitted for consideration of publication.

03700028 & 03293797: Thank you for these comments and minor spelling corrections have been made.

00054120: Thank you for these comments. As in point 5 above we have made more clear why Histoplasmosis was not considered, this was clearly a mistake but we were not aware of her travel to Africa since her liver transplant (despite asking about this, she said that she had no recent history of travel) and we did not consider her living in Africa >30 years previously relevant although we should have done. Her lack of other system involvement and negative tests for other infectious agents reassured us that this was likely Crohn's disease, hence her trial of steroid therapy which would be standard treatment for that diagnosis.

A handwritten signature in black ink, appearing to read "Neil J. ...".