

Dear Lian-Sheng Ma, Editor-in-Chief,

World Journal of Clinical Cases

Manuscript NO: 61268

Title: Pulmonary alveolar proteinosis complicated with nocardiosis: a case report

Thank you very much for reviewing our manuscript. We appreciate the opportunity to revise the manuscript according to the reviewer's comments and editors. The revised manuscript was re-checked by a professional English language editing company (Filipodia Publishing, LLC).

We look forward to receiving your decision. Thank you for your hard work on the manuscript during the whole period.

Sincerely,

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Point-by-point response

Reviewer #1:

The authors have reported an interesting case of Pulmonary alveolar proteinosis complicated with Nocardiosis. it is not clear from the report whether the whole alveolar lavage was done. In the figure 2 the authors have shown the lavage fluid bottles but in discussion they say the lavage can be prevented. Please clarify this.

Thank you for your important comment. Whole lung lavage was not performed in this patient during the entire treatment period. The patient underwent only diagnostic bronchoalveolar lavage and therapeutic whole lung lavage was not performed. The lavage fluid shown in Figure 2 is the appearance of a bronchial lavage of the left lingual segment of the lung.

Also there is a possibility of the Nocardiosis to other side.

Thank you for your important comment. Indeed, The causes of secondary alveolar proteinosis include Nocardia infection. However, Nocardia infection often occurs in patients with immunocompromised, long-term use of hormones or immunosuppressant drugs. This patient's immune function is normal, so I think that he is not susceptible to Nocardia infection. Moreover, the infection of Nocardia was confined to the middle lobe of the right lung, rather than spreading. On the other hand, this patient had elevated anti-GM-CSF antibodies, which also tended to support primary alveolar proteinosis.

What precautions were undertaken to prevent this.

Pulmonary nocardiosis always manifests on CT as lung consolidation, presenting a solitary or, more often, multiple lung nodules of various sizes. Therefore, in cases of PAP associated with such pulmonary manifestations, it is necessary that the clinical care team be alert to the possibility of a Nocardia infection. For those patients, We should take aggressive anti-infection treatment to improve the symptoms of patients.

Also there are some spell errors that need to be corrected.

Thank you for your valuable advice. I've already chosen a professional English language editing company to meet the requirements of the journal. Attached below is Non-Native Speakers of English Editing Certificate.

What are possible management options of Nocardia and why you choose Sulfamethoxazole.

Drugs used to treat Nocardia infection include sulfonamides, carbapenems and amikacins and so on. The sulfonamide (such as sulfamethoxazole) is the first-line treatment for Nocardia infection and the first choice for empirical treatment. Combined with the drug sensitivity results, we finally selected the drug sensitive sulfonamides.



CONFIDENTIAL
January 24, 2021

Certificate Service Confirmation

To Whom It May Concern,

Filipodia provided comprehensive editing services for **Manuscript NO: 61268 (Pulmonary alveolar proteinosis complicated with nocardiosis: A case report)** by **Wu X *et al.***, which is under consideration for publication in your journal. The edit has achieved Grade A: priority publishing; no language polishing required after editing.

Should you require any additional information, please do not hesitate to contact me.

Jennifer C van Velkinburgh, PhD
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