



PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 72505

Title: Scedosporium apiospermum Infection of the Lumbar Vertebrae: A Case Report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 04841125

Position: Peer Reviewer

Academic degree: BPharm, FACP

Professional title: Assistant Professor, Pharmacist

Reviewer's Country/Territory: Thailand

Author's Country/Territory: China

Manuscript submission date: 2021-10-18

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-10-20 09:21

Reviewer performed review: 2021-11-01 19:43

Review time: 12 Days and 10 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Manuscript NO: 72505 I read, *Scedosporium apiospermum* Infection of the Lumbar Vertebrae: A Case Report. In this manuscript, the authors were reported the clinical characteristics of *S. apiospermum* infection of the lumbar vertebrae. I have some questions and suggestion.

1. Can you explain why this study is new or telling new things?
2. The authors mention that there are no case reports of *S. apiospermum* infection of lumbar vertebrae. However, I saw a case report of Cao et al in *Int J Clin Exp Med* 2018;11(8):8672-8676
3. Why do you use vancomycin implanted into the intervertebral space?
4. Why do you think voriconazole was administered to prevent postoperative infection in this case? Is it not for treatment?
5. Do you think medical gel foam of rifamycin can be affected to voriconazole penetration into the bone ?
6. In these cases, how do you deferential diagnosis between *S. apiospermum* infection and colonization. How about your criteria for diagnosis?
7. Before surgery and histopathological and pathological examination, the patient was mistakenly believed to have *Mycobacterium tuberculosis* infection based on the imaging findings. Once you've proven that the patient has a fungal infection, have you stopped your TB medication?
8. Did patients had history of contact contaminated water, wetlands, decaying plants within the previous 3 months or sickle cell disease ?
9. Please include more *S. apiospermum* infection of lumbar vertebrae from other case report as well for comparison with this study.
10. Please provide more data of importance of physician around the world to recognise clinical characteristics of *S. apiospermum* infection.

Minor 1.....However, it is bacteriostatic, not bactericidal, and thus may not be effective for some patients..... Do you mean Fungistatic and Fungicidal?

2. Please move the dose of voriconazole from discussion to treatment section



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Peer-review model: Single blind

Reviewer's code: 00465994

Position: Peer Reviewer

Academic degree: PhD

Professional title: Doctor

Reviewer's Country/Territory: Hungary

Author's Country/Territory: China

Manuscript submission date: 2021-10-18

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-09 12:40

Reviewer performed review: 2021-11-12 07:44

Review time: 2 Days and 19 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

In this manuscript Xue-Wen Shi et al. describe a case of a *Scedosporium apiospermum* infection of the lumbar vertebrae. Considering that similar case has never be reported before, the present manuscript has a potential wide range of interest by the scientific community working in related field. The description of the case is clear and well-articulated. The regarding data are well-presented, except of the identification of the causative agent, what is the most interesting and important part of the case report. It is essential that the authors prove that the identified fungus is *S. apiospermum* in fact applying a molecular-based identification method. The paper is well-written in sufficient English, and easy to follow for the readers. The discussion of the results is extensive and the results are compared with the others presented in similar topic. Taking into account the main criticism the manuscript should be considered for publication after major revision. Main criticisms: 1. History of present illness: It is still mystery what was the source/origin of the *S. apiospermum* infection and how this fungus infected the lumbar vertebrae. I do not think that this fungus can be such infective without any trauma. Please, explain. 2. Treatment: Please, indicate the dosage of the voriconazole therapy here. 3. Final diagnosis: This part of the manuscript is uncompleted and lack several essential information what can prove that the isolated fungus is *S. apiospermum* in fact. However, this is the most interesting and surprising part of the case report for the readers. This subchapter needs to be improved. What was the medium used for the cultivation? How was the fungus exactly identified? Based on macro- and/or micromorphology? The visual identification of a fungus can be misleading regularly. Therefore, it is essential that the authors prove that the identified fungus is *S. apiospermum* inf fact based on a species-specific molecular marker. Here, I mean



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amplification of a species-specific partial gene sequence by PCR. Then sequencing it, and conducting a BLAST analysis, and depositing this DNA sequence in a gene data bank. In the lack of it, the manuscript cannot be accepted. It is essential, because the Figure 2 H panel is not convincing as the picture resolution and magnification is low and the conidiophores are not visible. In the Figure 2 F there is no any sign of fungal infection, however in the reported severe case the presence of fungus can be expected in the histopathology samples. Please, explain. 4. Discussion: Please, delete the following sentences from this chapter, they are not relevant. "However, it is bacteriostatic, not bactericidal, and thus may not be effective for some patients." - As the authors talk about antifungal therapy. "The combination may have yielded better results." - As the applied voriconazole therapy was successful.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Peer-review model: Single blind

Reviewer's code: 00465994

Position: Peer Reviewer

Academic degree: PhD

Professional title: Doctor

Reviewer's Country/Territory: Hungary

Author's Country/Territory: China

Manuscript submission date: 2021-10-18

Reviewer chosen by: Yu-Lu Chen

Reviewer accepted review: 2022-01-05 06:32

Reviewer performed review: 2022-01-13 06:41

Review time: 8 Days

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

However, the authors did not reply to the comment regarding the molecular identification of the causative agent, in the attached microscopic picture it is clearly seen that they isolate *Scedosporium apiospermum* from the infection. All micromorphological features obviously indicate it.