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World Journal of Clinical Cases

2018-10-23

Dear Dr Dou

Re: Manuscript reference No. 41937

Please find attached a revised version of our manuscript "Successful steroid treatment for acute fibrinous and organizing pneumonia : A case report and literature review", which we would like to resubmit for publication as a case report in World Journal of Clinical Cases.

Your comments and those of the reviewers were highly insightful and enabled us to greatly improve the quality of our manuscript. In the following pages are our point-by-point responses to each of the comments of the reviewers.

Revisions in the text are shown using **yellow highlight** for additions, and strikethrough red font [~~example~~] for deletions. In accordance with reviewer02496986 's suggestion, In figure 5, we add 2 high-power images and provide a more detailed description. We hope that the revisions in the manuscript and our accompanying responses will be sufficient to make our manuscript suitable for publication in World Journal of Clinical Cases.

And as the requirements, I have changed the format according to the new guidelines and requirements for manuscript revision for case report and format for manuscript revision-case report

We shall look forward to hearing from you at your earliest convenience.

Yours sincerely,



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Responses to the comments of reviewer 02496986

1. From the reviewer: On Page 5, in the 1st paragraph, the authors state: 'A few studies have reported the characteristics of AFOP in recent years, but the etiology is still unknown', however the disease is associated with many factors, such as autoimmune rheumatic diseases, occupational exposure, altered immune status, hematologic malignancies, infections, drug exposure (Case Reports in Rheumatology 2012, Article ID 549298), and as stated in Discussion section. Please rephrase.

Response: Thanks for your comment. We have rephrased the sentence as 'but the etiology is still not fully understood'.

2. From the reviewer: In such cases bronchoscopy with bronchoalveolar lavage and transbronchial lung biopsy or cryobiopsy is sufficient to provide a diagnosis in the majority of cases. However in this case bronchoscopy was not performed and the authors chose fine-needle aspiration. The presence of infectious agents and the possibility of post infectious COP or AFOP is not sufficiently excluded. Please explain in detail.

Response: Our patient is a retired female doctor. On admission, we recommended bronchoscopy for diagnosis, but she refused it. She was then treated with



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anti-infective agents for 2 weeks, her symptoms were not relieved, and the repeat CT scan showed that her condition was significantly advanced. She finally signed the informed consent for a CT-guided percutaneous needle lung biopsy. A diagnosis of acute fibrinous and organizing pneumonia (AFOP) was established by biopsy and histopathological examination. AFOP can be idiopathic, or associated with a wide spectrum of clinical conditions, such as infections. In our case, the possibility of post infectious AFOP was not excluded, and we focused on the steroid therapy and adds to the literature a new choice of treatment of AFOP in terms of duration and dosage, especially in elderly patients.

3. Page 6, 1st paragraph: 'The pathologic examination revealed prominent fibrinous exudation within most the alveolar spaces'. Please provide additional images of the biopsies obtained and a more detailed description of the histopathological findings.

Response: Thanks for your comment. In accordance with your suggestion, In figure 5,we add 2 high-power images and provide a more detailed description.

4. From the reviewer: AFOP is described as an aggressive disease with relapses even after long term steroid treatment elsewhere. How do the authors explain this discrepancy?

Response: AFOP is a rare disease, and there is still no standard treatment. Steroid was reported to be effective, but the dosage and duration remain undetermined, and patients had different responses to steroid for AFOP, just like asthma which is genetically heterogeneous, and corticosteroid insensitivity may occur in some patients. To date, all the therapeutic outcomes are from case reports. Our report may add some new information to literature about this disease and provide a new choice of AFOP treatment in geriatric patients.



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5. From the reviewer: On Page 8, 'anti-infective agents'. Do you mean anti-inflammatory?

Response: To be precise, they are not the same, "anti-infective agents" include antibiotic, anti-fungal or antiviral and antiparasitic agents, which are used against the inflammation caused by pathogens, and "anti-inflammatory agents" may include the "anti-infective agents", and are used against the inflammation caused by other reasons such as autoimmune response.

6. There are some English grammatical and typographical errors that should be corrected.

Response: Following your advice, we have had the paper revised and edited by a native-English speaking editor from MedE Editing Group. The language is evaluated as Grade A. A language editing certificate is provided by this group.