

Dear Editor and Anonymous Reviewers,

we thank you for your time and effort regarding our manuscript „Renal aspergillosis in a liver transplant patient: A case report and a literature review“ (42535) submitted to the World Journal of Clinical Cases. We are also thankful for your kind and useful comments.

Below are our responses to your comments. We used yellow color highlight to mark the changes we made in the revised manuscript.

On behalf of all authors,
Batric Vukcevic, MD
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Reviewer 03647931	Answers
1. What was the indication of corticosteroid treatment before liver transplantation?	Dear Reviewer 03647931, Thank you for your kind comments. Corticosteroid treatment is indicated in the treatment of alcoholic liver disease; we added this statement in the Case Presentation segment of the revised manuscript, and we supported it with a recent reference by Stickel et al.
2. Why a PET scan was not performed before nephrectomy to differentiate malignant from non malignant masses?	The institution where the patient was treated is unfortunately not equipped with a PET scanner. The patient refused referral to another institution with a PET scanner, and instead chose to be treated in our hospital. We added the explanation regarding the absence of PET scan to the Case Presentation section of the revised manuscript. We agree that a PET scan is useful in the diagnosis of malignant potential of a tumor, but unfortunately, it was not available in our case.
3. In the discussion section, what does RRT refer to?	RRT stands for „renal replacement therapy“, we described that abbreviation as it first appeared in the Introduction section of the manuscript.
Reviewer 04382473	
good case, not novel, but still interesting.	We thank the Reviewer 04382473 for his kind comment and appreciation of our work.
Reviewer 03756671	

Intro: Authors report 1-8% incidence of IA post LT. Please provide citation.	Dear Reviewer 03756671, Thank you for your kind comments. The original incidence reported in our manuscript was 1-8% (as reported in the paper Singh N , Paterson DL. Aspergillus infections in transplant recipients. <i>Clin Microbiol Rev</i> 2005). However, after a repeated literature review, we have found a more recent evidence (Singh N , Husain S, AST Infectious Diseases Community of Practice. Aspergillosis in solid organ transplantation. <i>Am J Transplant</i> 2013) of the incidence being 1-9.2%. We chose to replace the older piece of information with the more recent one, and also to cite the appropriate reference.
Case report: Typos: Cytomegalovirus (line 4), lavate (line 3 from the end).	We corrected the typos as mentioned.
Discussion: Line 2: " fungal ball in the pelvis". Are the authors referring for renal allograft aspergillosis?	We were referring to the presence of a fungal ball in the renal pelvis. We corrected the sentence by adding „renal“ before the word „pelvis“, to make it more clear.
Line 1, 2nd paragraph: Please provide more recent evidence.	We found two more recent references (by Singh et al. (2013) and Shi et al. (2008) and we cited them at the appropriate sentence.
Same paragraph, last sentence: Authors state that LT recipients are at high risk of IA pre-Tx, whereas T recipients post. THis contradicts the case presented. WHat the authors probably mean is the LT candidates are at high risk of getting IA even pre-Tx, whereas KT recipients are at an increasingly high risk post-KT due to more intense and longer IS. Authors may consider rephrasing.	You are correct and we thank you for your suggestion. We rephrased the sentence according to your instructions.
Penultimate paragraph: "Treatment of renal aspergillosis..with neprhectomy as the last option". Is this based on the authors' own experience or evidence based statement. Please state so or provide relevant references.	In this segment, we mistakenly omitted to cite the 2016 guidelines of the Infectious Diseases Society of America (IDSA) located in the paper by Patterson et al. (2016) in Clin Infect Dis. We apologize for this mistake. We added this reference to

	the segment regarding the treatment of renal aspergillosis.
Reviewer 03291363	
<p>The treatment of nephrectomy for the renal aspergilloma seems radical. I suggest that the authors should discuss the treatment for renal aspergilloma in any immunosuppressed patient including HIV, all types of transplants and other clinical cases of immunosuppression. There should be a detailed discussion of medical treatment, and the types of surgical treatment.</p>	<p>Dear Reviewer 03291363, We would like to thank you for your kind comments. Due to the word limit that was set for the original submission, we were unable to extend the Discussion section properly. However, according to the Guidelines and Requirements for Manuscript Revision: Case Report, there is no word limit on revised manuscripts, so we were more than happy to add more information to the Discussion section of the revised manuscript. We fully agree that the treatment should be discussed deeply.</p>
<p>It is possible that drainage and medical treatment may have worked here.</p>	<p>We agree that the option you suggested may have been useful in this case. However, our patient refused kidney biopsy (we did not add this information to the original manuscript due to the word limit, but we corrected this in the revised version), so we could not exclude renal cell carcinoma, and that is why a nephrectomy was performed. We added your suggestion to the Discussion section of the revised manuscript.</p>
<p>Does size of the aspergilloma matter?</p>	<p>The only piece of information regarding the size of renal aspergillomas (and its effect on the treatment) we found in the literature was contained in the 2016 guidelines of the Infectious Diseases Society of America (IDSA) (the paper Patterson et al. (2016) in Clin Infect Dis). Even though this information is not specific (somewhat applicable to various infections of the kidney), we added this information to the original version of the manuscript (and we added the aforementioned reference to the revised version).</p>

<p>Why was the diagnosis of aspergilloma missed? What has been learnt from this?</p>	<p>Due to the aforementioned word limit, we omitted the information that the blood and urine cultures were sterile, and that the patient refused kidney biopsy. We added this information to the Case Presentation section of the revised Manuscript.</p> <p>Furthermore, we added a paragraph regarding your questions to the Discussion section.</p>
<p>There needs to be discussion of the preoperative work up for nephrectomy. What function tests were done for the contralateral kidney?</p>	<p>We added the information regarding the preoperative tests (blood urea nitrogen, serum creatinine, cystatin C and electrolyte levels, creatinine clearance, urinalysis) to the Case Presentation section of the revised manuscript.</p>
<p>there are many spelling errors and some phrase need revision.</p>	<p>We re-checked the entire manuscript and corrected several spelling errors, as well as some phrases that were not easily understandable in the original version of the manuscript.</p> <p>Once again, we wish to thank you for your kind comments.</p>