Author's Point-by-Point Response to Reviewers

Dear Editor;

It is a true pleasure to submit our revised manuscript entitled: "**The treatment of invasive fungal disease: A case report**". It is prepared according to the case report instructions and template. We have made changes to the manuscript based on the suggestions from the reviewers; the changes are identified in the revised manuscript by using red text color.

We are grateful for the attention and effort in reviewing our manuscript, and valuable comments made by you and all reviewers. We sincerely hope that the revisions are now improved for the acceptance.

Reviewer 1: **Interesting and relevant case**

QUESTION 1: The main concern is how you explain the lung symptoms?

ANSWER 1: The pulmonary symptoms of cough, expectoration, shortness of breath even respiratory failure were mainly caused by mycosis of pulmonary lymph nodes and mixed factors pulmonary bacterial infection.

QUESTION 2: Was it tuberculosis and fungal infection occurring at the same time?

ANSWER 2: No, this patient was eventually diagnosed with mycosis of lymph nodes rather than tuberculosis.

QUESTION 3: How can you prove it either way?

ANSWER 3: We confirmed that the patient was suffering from mycosis of lymph nodes rather than tuberculosis based on the following facts: sputum acid fast staining，tuberculosis-antibody IgG, tuberculosis-antibody IgM tests

were negative，Anti-tuberculous treatment was ineffective, and in the secondary biopsy of cervical lymph node，we found lymph nodes were widely degeneration necrosis, and there were many spores and small quantities hyphae in these tissues.

QUESTION 4: If the lung involvement was also fungal then your case is not really special because it is not restricted to the lymph nodes
ANSWER 4: The computed tomography did not show characterized signs such as central cavitation of pulmonary lesions, infiltration, pulmonary nodules, and halo or air-crescent, sputum culture by bronchoscopy suggested klebsiella pneumoniae infection and no evidence of pulmonary fungal infection was found.

QUESTION 5:It is not really clear how you confirmed that it was a fungal infection.
ANSWER 5: In the secondary biopsy of cervical lymph node，we found lymph nodes were widely degeneration necrosis, and there were many spores and small quantities hyphae in these tissues.

QUESTION 6:Would be good if better images were provided of the specimens showing the fungal elements
ANSWER 6: We were very sorry that due to a long time, the pathological section of the patient can no longer be retrieved.

QUESTION7: Language and spelling needs a relook
ANSWER 7: Thank you for reminding, we have reviewed and revised the language spelling.

QUESTION 8: Would be good if the CT scan image was added (not able to access the video files).

ANSWER8: Thanks for reminding, the CT scan image has been added and video files have been processed, we hope it can be accessed.

Reviewer 2: **In the present study, authors describe a patient with mycosis, these are my comments:**

QUESTION 1: What was the physical environment of the patient?

ANSWER 1: Thank you for reminding. The patient had a good living environment, had never been to other places before the illness. The patient's marriage and childbirth history, living environment and no tobacco or alcohol habit history were added in the Personal and family history.

QUESTION 2: Were risk factors present?

ANSWER 2: Thanks for reminding. The patient had no risk factors, which had been added in the Discussion, i.e: In this case, the patient was young and had no history of tumor or other immunodeficiency.

QUESTION 3: Why did the patient receive anti-tuberculosis treatment?

ANSWER 3: Because the computed tomography showed there were many enlarged lymph nodes in the chest and abdominal cavity, and some distributed in the retroperitoneal space, tended to be tuberculosis, and the first biopsy of cervical lymph node showed a little lymphocytes and the multinucleated giant cells, with no tumor cells, tended to be lymph node granulomatous lesions, we conducted diagnostic anti-tuberculosis treatment.

QUESTION 4:Was there any test to diagnose it?

ANSWER 4: Tuberculosis-antibody IgG, tuberculosis-antibody IgM tests and sputum acid fast staining were negative, but the results of computed tomography and the first biopsy of lymph node were highly suggestive of tuberculosis.

QUESTION 5:Why did patient receive antibiotic treatment without any test to support it?

ANSWER 5: We were very sorry that due to our mistake in expression, this manuscript elaborated that white cell count，neutrophil ratio, C-reactive protein and erythrocyte sedimentation rate were elevated, the computed tomography showed pulmonary atelectasis and infection in the left lung, the above auxiliary examinations have been included in Laboratory examinations and Imaging examinations respectively.

QUESTION 6:Were immunosuppression and AIDS discarded in the patient?

ANSWER 6: Thank you for reminding. Immunological tests had been added in the Laboratory examinations. The immunological tests such as lymphocyte subsets, immunoglobulin and immunoelectrophoresis were normal, HIV（1+2）antibodies were negative，therefore, immunosuppression can be discarded, but even if HIV（1+2）antibodies were negative, false negative in window still cannot be ruled out.

QUESTION7: Discussion should be shortened considerably and written in a rigorously scientific way.

ANSWER 7: Thanks for reminding. The Discussion has been substantially polished and corresponding modifications have been made.

QUESTION 8:Figure 2 must be excluded.

ANSWER 8: Thanks for your suggestion, the original Figure 2 has been deleted.

QUESTION 9:Current references should be included.

ANSWER 9: Thanks for your suggestion, current references have been added.

QUESTION10:It was not possible to watch the videos.

ANSWER10: The video files have been processed, we hope it can be accessed.

Editor's comments:

Please provide language certificate letter by professional English language editing companies (Classification of manuscript language quality evaluation is B).

For manuscripts submitted by non-native speakers of English, please provided language certificate by professional English language editing companies mentioned in **'The Revision Policies of BPG for Article'**.

Our paper was proofread by a native English speaker, and he provided a letter which states that the language content has reached Grade A.

Running title: (Less than 6 words)

The suggestion was considered and the Running title was provided.

All Authors: (Please provide the full name in order here.)

The suggestion was considered and the full names of all authors were provided.

Please rearrange all the authors' affiliations with Department, University or Institute, City, Postcode, Country, etc. (without any symbol or figure like * or [1], postcode must be there)

Such as: full name, address

The suggestion was considered and all the authors' affiliations with

Department, University or Institute, City, Postcode, Country, etc. were rearranged.

Please provide the author contributions. Authors must indicate their specific contributions to the published work. This information will be published as a footnote to the paper. See the format in the attachment file-revision policies.

Author contribution, Informed consent statement, Conflict-of-interest statement and Care Checklist (2016) were provided.

Please provide the Corresponding author's name, title, and detailed address

The suggestion was considered and the Corresponding author's name, title, and detailed address were provided.

Telephone and fax numbers should consist of +, country number, district number and telephone or fax number; for example, +86-10-85381892

The suggestion was considered and the telephone was provided.

Abstract:

The structured abstract should be at least 250 words. The abstract subsections will include background, case summary, and conclusion, written as: **BACKGROUND** (no more than 80 words)*What does this case report add to the medical literature? Why did you write it up?***CASE SUMMARY** (no more than 150 words)*What were the chief complaints, diagnoses, interventions, and outcomes?***CONCLUSION** (no more than 20 words)

What is the main "take-away" lesson from this case?

The comment was considered and the abstract section was revised and edited.

CASE PRESENTATION

Under the heading of Case Presentation, the following seven subtitles must be presented in this order: 1) Chief complaints; 2) History of present illness; 3) History of past illness; 4) Personal and family history; 5) Physical examination upon admission; 6) Laboratory examinations e.g., routine blood tests, routine urine tests and urinary sediment examination, routine fecal tests and occult blood test, blood biochemistry, immune indexes, and infection indexes; and 7) Imaging examinations e.g., ultrasound, plain abdominal and pelvic CT scan, high-resolution chest CT scan, and head MRI. The patient case presentation should be descriptive, organized chronologically, accurate, salient, and presented in a narrative form.

The main body of the case report was changed following the provided format.

MULTIDISCIPLINARY EXPERT CONSULTATION (if relevant)

No consultations were necessary for this case report.

Add these sections

FINAL DIAGNOSIS,TREATMENT,OUTCOME AND FOLLOW-UP,CONCLUSION

The comment was considered, the FINAL DIAGNOSIS,TREATMENT,OUTCOME AND FOLLOW-UP and CONCLUSION sections were added.

Delete **ARTICLE HIGHLIGHTS**

The **ARTICLE HIGHLIGHTS** section was deleted.

Please provide the decomposable figure of all the figures, whose parts are all movable and editable, organize them into a PowerPoint file, and submit as "Manuscript No. - image files.ppt" on the system. Make sure that the layers in the PPT file are fully editable. For figures, use distinct colors with comparable visibility and consider colorblind individuals by avoiding the use of red and green for contrast.

The suggestion was considered and according to the review's requirements, we have deleted figure 2.

Please provide us an corrected Tables 1-3, should not be a picture.

The suggestion was considered and the Tables 1-3 were corrected.