

Ref. : World Journal of Dermatology Cases Manuscript NO: 54143 “**Rhinocerebral mucormycosis caused by *Rhizopus oryzae* in a patient with acute myeloid leukemia: A case report**” by Yahui F *et al.*

Editor,

This letter refers to the online submission of our revised manuscript based on your decision letter dated on May.5.2020. We are grateful for your valuable comments and suggestions by the editor and reviewers. The manuscript has been extensively revised, and all the reviewers' comments and suggestions have been addressed whenever possible, which are carefully incorporated into the revised version. The major revisions are highlighted in green. Details of the revisions are specified below.

Reviewers' comments:

1. The authors should include an extensive literature review of other RM cases by *rhizopus oryzae*, comment on any novel finding/conclusion drawn from the current case.

Response:

Thanks for your helpful suggestions. By the time we submission, we found 14 cases of Rhinocerebral mucormycosis caused by *Rhizopus oryzae* confirmed by molecular method through the literature searching in domestic and oversee. The underlying medial history, symptoms and treatment of these cases were summarized. In brief, Rhinocerebral mucormycosis caused by *Rhizopus oryzae* had the same risk factors as other types of Rhinocerebral mucormycosis, i.e. diabetes or hematological tumors. Our case confirms this conclusion. For treatment, amphotericin B is still the first choice. However, when side effects appear, other drugs such as posaconazole can be used.

A few points have been added in discussion for our own case here. First, we used digital PCR technology for an early diagnosis. Second, our case had a history to use broad-spectrum antibiotics, we suggest considering the use of broad-spectrum

antibiotics as a risk factor for this infection. Finally, there is possible that *Rhizopus oryzae* in this case has mutations to affect azole drugs sensitivity that we will investigate later, which can explain that early use of azole drugs could not control the progress of the disease. (see discussion highlight in blue color)

2. Why an extensive work-up, including brain CT, was not done from first nose isolation of *Rhizopus oryzae* in a patient with so aggressive immunodeficient condition?

Response:

Thank you very much for your question. Brain CT examination was made at the onset of the first symptom, but no specific changes were found. After that, due to the patient's primary disease, the blood coagulation was severe affected. Patient had active bleeding most of time and cannot tolerate pathological examination or other traumatic examinations. The local hospital where the patient was admitted was unable to perform bedside CT. Meanwhile the patient's family had concerns on the cost of long-term treatment. After communication between the doctor and the patient's family, the brain CT examination was withdrawal (see Imaging examinations highlight in green color)

3. The “Author Contributions” section is missing?

Response:

On page 2 of the revised manuscript, we have added the contributions of each of the authors in this article.

To Editor

The format of the manuscript was edited according to journal’s instructions. We also made careful editorial revisions throughout the manuscript, and all major revisions are highlighted in green or blue color.

We would again like to thank the reviewers and editor for your valuable comments. It would be highly appreciated if the revised manuscript is now acceptable for publication in the journal. We are looking forward to hearing further information from you soon.

May 17.2020

Sincerely,

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