

Peer Review

Review of: "Scopulariopsis Pleural Empyema Coinfection With Pneumocystis Jirovecii Pneumonia and Cytomegaloviraemia in an Immunocompromised Patient: A Case Report and Review of the Literature"

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Thank you for submitting your fascinating case report regarding *Microascus gracilis* pleural empyema, co-infections with *Pneumocystis jirovecii* pneumonia (PJP), and cytomegaloviraemia in an immunocompromised patient. Your work raises important clinical insights and challenges in diagnosing and managing rare fungal infections in immunocompromised hosts. However, we would appreciate further clarification on a few aspects to enhance our understanding of this case.

Steroid Administration Details

- Could you please provide more information on the dosage and duration of corticosteroid treatment for the patient? Additionally, were prophylactic therapies, such as trimethoprim-sulfamethoxazole (ST), administered to prevent opportunistic infections like PJP during the corticosteroid therapy?

Evidence of *M. gracilis* Pathogenicity

- Could you confirm whether *M. gracilis* was isolated from sterile specimens, such as pleural fluid, or if the organism was detected solely from the drainage tube? If the latter, how did you rule out contamination or environmental exposure as the source of the fungus? Evidence supporting its pathogenic role in this case would significantly strengthen your findings.

HIV Status of the Patient

- Was the patient's HIV status assessed? If so, could you provide details regarding HIV testing and status? The immunological context, particularly in terms of HIV infection, might help clarify the susceptibility factors and immune dysfunction in this case.

Adjunctive Immunomodulatory Therapy

- Your case report highlights the use of thymosin $\alpha 1$ (T $\alpha 1$) and intravenous immunoglobulin (IVIG) as adjunctive immunomodulatory therapies. Could you elaborate further on the rationale for these therapies, and were there any clinical or immunological markers guiding their use in this case?

Declarations

Potential competing interests: No potential competing interests to declare.