Qeios

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"

Lurdes Santos[1]

1. Infectious Diseases, Centro Hospitalar de São João, Porto, Portugal

Abstract - A 70-year-old male presented with worsening dyspnoea who was found to have a spontaneous pneumothorax and thoracic empyema of the right lung and coinfection with Pneumocystis jirovecii pneumonia and cytomegaloviraemia.

(This English needs correction)

Case presentation

Line five

Symptoms were reduced.

(This English needs correction)

After 3 months of treatment, the patient was discharged home with intercostal drainage in situ. The patient’s underlying conditions included chronic obstructive pulmonary disease, hypertension, diabetes, and nephrotic syndrome, for which he received treatment with prednisone and cyclophosphamide.

(This English needs correction)

If you write previously that the patient was discharged after 3 months, and after that you write the physical examination with respiratory distress ...

To what period does this observation refer? Was the patient readmitted? The description is very confusing.

On physical examination, the patient was in respiratory distress, accessory muscles were used for respiration, and there were decreased breath sounds over the bilateral chest.

And the investigation study on page 2 is in the 1st admission. If so, move it to the first page before discharge.

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Elevated blood CMV nucleic acid concentration of 1,070 copies/mL.

This is not high in a critical patient and can be monitored.

From day 2 to day 5, (??? 1st admission?) several fungal cultures from the PF were positive, and M. gracilis (accession no. PP178150–PP178151) was identified according to the abovementioned protocols.

Was used to treat PJP for 30 days (**why 30 days?)**

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This is an introduction to the clinical case.

M. gracilis, the teleomorph of Scopulariopsis/Microascus spp., is a rare opportunistic fungus associated with human disease. [1] Among the ninety-seven clinical strains morphologically identified as Scopulariopsis/Microascus spp., M. gracilis was the second most commonly isolated species and was most frequently isolated from respiratory tract samples. Most patients with these infections were determined to have fungal colonization according to the clinical features of their disease. [5] However, to date, only six proven cases of M. gracilis infection have been reported, including two cases of disseminated infection. [10][12] Two cases of invasive bronchopulmonary infection. [13][14] One case of primary subcutaneous infection [15] and one case of keratitis. [16].....

And

Do you think that *Scopulariopsis* infection was secondary to the pleural tube?

What was the primary infection that caused respiratory distress and admission? PJP in a patient with nephrotic syndrome for which he takes prednisone (What dose and for how long?) and cyclophosphamide.

He was not doing PJP prophylaxis.

And after, he had several bacterial infections, and several antibiotics were prescribed. So *Scopulariopsis* infection was a secondary complication?

I don't understand if the patient stayed in the hospital or was discharged and readmitted after worsening.

Declarations

Potential competing interests: No potential competing interests to declare.