

Peer Review File

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Reviewer A

First, the abstract needs some revisions. The background did not indicate the allergy to penicillins, did not analyze the rarity of this case, i.e., oral sulfamethoxazole in the treatment of posttransplant LM and did not indicate the potential unique clinical contribution of this case. The case presentation is not informative. Please report more clinical characteristics of this case including sex, age, history of kidney transplant, vital signs, treatment response to cefoperazone sulbactam and sulfamethoxazole, follow up duration, and prognosis. The conclusion needs to be consistent with the focus of this study, oral sulfamethoxazole for posttransplant LM. “Renal transplantation is a high-risk factor for Lm infection” and “the diagnosis of LM” should not be the focus. Please clearly describe the clinical implications of the findings from this study.

The abstract has been reviewed. The alternative therapy regimen for Penicillin allergy and the patient clinical characteristics has been added (see line 20-42).

Second, in the introduction of the main text, the authors need to review available treatment guidelines for LM and the treatment difficulties for renal transplantation patients and allergy to penicillins patients. The efficacy and safety data of sulfamethoxazole should be reviewed. Please analyze the rarity and unique clinical contribution of this case report to support the clinical needs for this case report.

The available treatment guidelines and clinical efficacy of oral SMZ-TMP have added (see line 63-68).

Third, in the case presentation, please have a time figure to describe the early signs, diagnosis, treatment, progression, and prognosis of this case.

The timeline has been detailed description in case presentation (see line 73-137).

Fourth, in the discussion, please analyze the pharmacological mechanisms of sulfamethoxazole and have detailed comments on the effective treatment of LM in patients with allergy to penicillins.

The pharmacological mechanisms of sulfamethoxazole and the efficacy of TMP-SMX in penicillin allergy have been indicated in the discussion (see line 185-191).

Reviewer B

Thank you for letting me review this manuscript. This article contains at least three points that may interest readers; A. This case report concerns meningitis in an immune-compromised host with gram-negative bacteria, *Listeria monocytogenes*. B. The treatment selection is also interesting in that oral Sulfamethoxazole-trimethoprim can

cure meningitis. C. The case could have been prevented if the dead-donor kidney transplant recipient had been kept on prophylaxis.

Several points need to be addressed.

In line 69, the manuscript indicates the date for the transplantation. Yet, it is difficult to identify how much time has passed after the transplantation until the symptom or hospitalization begins. It is critical for an organ recipient that how much time has passed from the surgery because the timing warrants different differential diagnoses for presented symptoms.

Reply 1: We have added the time the patient was admitted to hospital four months later post transplantation (see line 69).

In line 72, please specify "4 episodes of watery diarrhea". The usual interpretation for an episode of watery diarrhea means some periods of several days of diarrhea, and the context seems that "4 times of watery diarrhea" may be more fitting.

Reply 2: we have modified our text as advised (see line 72).

In line 81, the initial lab result showed hemoglobin of 63g/L which is pretty low for a renal transplant recipient suffering from watery diarrhea with elevated serum creatinine level. Can you provide the previous lab results right before the episode of diarrhea? In that way, readers may picture how severe diarrhea and other general conditions of the patient are at the time of presentation.

Reply 3: we have modified our text as advised (see Page 3, line 84).

Please specify his medical history, including medicines he took other than DDKT.

Reply 4: we have modified our text as advised (see Page 3, line 76).

In lines 89 and 90, please specify how his meningeal irritation sign was negative. What physical examinations had been taken to determine that he showed no meningeal irritation sign?

Reply 5: This has been mentioned in the article (No change).

In line 107, please specify what allergic reaction the patient presented. Was the skin test for penicillin take place? What is the result of the skin test?

Reply 6: we have modified our text as advised (see Page 4, line 127).

In line 112, "After 21 days of treatment" sound confusing. Please specify which treatment the days indicated, whether the therapy was TMP/SMX or PCN plus TMP/SMX.

Reply 7: we have modified our text as advised (see Page 4, line 133).

In lines 146 and 147, please specify the nature of the "failure to use TMP-SMX for prophylaxis of *Pneumocystis jirovecii*." This case must be preventable, or he suffered less severely if he had kept on his prophylaxis.

Reply 8: The patient had failed to receive TMP-SMX for prophylaxis of PJP due to the high Scr during discharge. The clinicians were anxious about TMP-SMX's nephrotoxicity.

In lines 174 to 176, the sentence starts with "Its typical clinical manifestations always lead ..." needs to be clarified. The sentence could be interpreted with different meanings.

Reply 9: we have modified our text as advised (see Page 4, line 208).

Reviewer C

In this manuscript, author reported a case of *Listeria monocytogenes* meningitis after kidney transplantation, cured by compound TMP-SMX. This case report is quite interesting. However, before publication, major revision is still needed.

1. The author needs to clarify the novelty of the case in the article and explain the differences between this case and previous reported cases;

Reply 1: The novelty of the case is emphasis on the treatment of posttransplant *Listeria monocytogenes* meningitis with oral TMP-SMX because of no intravenous formulation of sulfamethoxazole in the market of the mainland of China, especially for patients with allergy to penicillin.

2. The author made a lot of objective descriptions in the article, but lacks the author's subjective description of the case;

Reply 2: This has been mentioned in the article (see the case presentation section).

3. In the case presentation section, the MRI description before and after treatment needs to be more in-depth. What does the high-density image of T2 represent, whether its size has changed, and what are the possible reasons for obvious or insignificant changes of the size?

Reply 3: Due to time constraints, we will improve this content in future research (see the Figure 1 and Figure 2, line 299-320).

4. In the case presentation section, it is necessary to explain the reasons for using TMP-SMX in this case, after the patient developed a penicillin allergy;

Reply 4: This has been mentioned in the article (see page 4, line 128-132).

5. In the discussion section, the author may appropriately cite similar cases or display statistics of relevant cases to emphasize the difference between this case and other cases;

Reply 5: This has been mentioned in the article (see page 6, line 192-196).

6. In the discussion section, the author needs to analyze the reasons why TMP-SMX is not the first choice in other cases, and whether this disadvantage occurred in this case;

Reply 6: This has been mentioned in the article (see page 6, line 201-204).

7. Before publication, it is necessary to further modify the language.

Reply 7: We have improved this content.