

## Peer Review File

Article information: <http://dx.doi.org/10.21037/apm-21-755>

### Reviewer A:

The authors report a case series of patients with suspected actinomycosis. Unfortunately, the authors in my opinion fail to clearly present the scientific news of the article. All 5 patients described lack evidence of a typical causative pathogen of actinomycosis (making it difficult to differentiate from a parotid abscess).

Specifically, there are a few ambiguities that should be specified:

In the results section, the percentage of female patients would need to be corrected to 40% in the second line.

→ We have corrected it. Thank you.

The function of the facial nerve should be named. No paresis present in each case?

→ There was no facial nerve palsy before or after surgery. We have added the sentence “There was no major surgical complications including, facial nerve palsy.” on page 7, line 3.

It is unlikely that the skin necrosis resulted from the FNAC; it is more likely that the abscess caused the skin necrosis.

→ We agree with you. We also think that the actinomycosis proceeded to the skin through the FNAC needle passage. We have added the sentence, “We thought that actinomycosis had progressed to the skin through the FNAC needle passage.” on page 8-9.

What type of parotidectomy was performed? Extracapsular approach, lateral parotidectomy?

→ We performed superficial parotidectomy. We have changed the sentence, “Four patients with suspected parotid tumor prior to surgery underwent superficial parotidectomy with facial nerve preservation (Fig. 1), and one patient with probable presence of parotid abscess underwent incision and drainage.” on page 6-7, and “Four patients with suspicion of parotid tumors underwent superficial parotidectomy before surgery with a safety margin like parotid tumors. One patient with plausible parotid abscess underwent incision and drainage.” on page 10, line 12-14.

If the focus of inflammation was dissected out in 4 cases, why was it necessary to follow with antibiotics up for partial months? Or did inflamed tissue remain in the wound area?

- ➔ As shown in Figure 1, the infection site of actinomycosis was completely resected. We have added the sentence “The duration or dose of antibiotic treatment was determined in consultation with the Department of Infectious Diseases after checking the severity of the disease and the patient's symptoms.” on page 7, line 10-12, and “We determined the duration or dose of antibiotic treatment in consultation with the Department of Infectious Medicine after checking the severity of the disease and the patient's symptoms.” on page 10, line 4-6.

Did the patients show any changes in the blood count? Leukocytosis, increase in CRP?

- ➔ There were no abnormalities in blood tests before and after surgery.

In the discussion, it should be described in more detail what the study adds to the scientific literature. Can the authors suggest a standardized therapy concept from their experience?

- ➔ We have added the sentence, “Recently, the duration or dose of antibiotics therapy has been determined according to the severity of the disease and the response to treatment. We determined the duration or dose of antibiotic treatment in consultation with the Department of Infectious Medicine after checking the severity of the disease and the patient's symptoms. In the present study, 6 days of intravenous antibiotics administration (on an average) and prescription of oral antibiotics for about 2 months were chosen as the preferred modes of treatment.” on page 10, line 2-9. We have already described the sentence, “If the actinomycosis of the parotid gland is localized to the parotid gland and surgically removed, it would be sufficient to treat the patients with antibiotics for about 2 months while observing the clinical response.” on page 12, lines 7-9.

How can actinomycosis be reliably diagnosed without detecting a typical pathogen?

- ➔ We diagnosed actinomycosis by histopathological examination after surgery. We have already described this on page 5, lines 13-15.

Another point of discussion could be to work out why especially the parotid gland is affected and less the other glands (Gld. Submandibularis, lingualis).

- ➔ I think it is the same reason that acute suppurative parotitis occurs more often than other salivary glands. This is because oral infection can induce inflammation of the parotid gland through the parotid duct and face lift procedures are performed on the parotid gland like our patient.

#### **Reviewer B:**

The article shows that the authors have done a good job in the collection of cases and in the

bibliographic review. Undoubtedly, there are few case series in the literature, which makes the authors' work all the more important.

First of all, I see the need to revise the English writing because in some parts of the text it could be improved.

- ➔ I received English proofreading from a medical paper proofreading company. Certificate is enclosed.

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The following manuscript was proofread and edited by  
the professional English editors at HARRISCO.

**Manuscript Title :**

Actinomycosis of the parotid gland

**Manuscript Authors :**

Dong Hoon Lee

**Date of Issue: :**

May 23, 2020

Yours truly,

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The epidemiology of actinomycosis of parotid gland is not clearly described, what is its incidence? It should be detailed in Introduction section.

- ➔ Parotid actinomycosis was so rare that no exact incidence was described in the paper. We have added the sentence “However, parotid actinomycosis is very rare, so only a few cases have been reported since Leonarmant first reported primary actinomycosis of parotid gland in 1913.” on page 4, line 7-9. We have added the sentence, “A review of 968 patients who underwent parotid surgery at this hospital for about 11 years from 2010 to 2020 confirmed 5 patients (5/968, 0.005%) diagnosed with actinomycosis in the final biopsy after surgery.” on page 5, line 3-6.

In addition, I miss a special mention of the relationship of actinomycosis to facial nerve involvement; a fact that is not named anywhere in the manuscript. It must be detailed in

Material and Methods with respect to the case series, and in the discussion with respect to the literature.

- ➔ There was no facial nerve palsy before or after surgery. We have added the sentence “There was no major surgical complications including, facial nerve palsy.” on page 7, line 3.

In line 6 of Result, i should add a "previous", to get "and the other four had no PREVIOUS medical problems".

- ➔ We have added the word

In line 5 of page 9, please change "definite" to "definitive".

- ➔ We have changed the word

### **Reviewer C:**

This case series is a nicely written report of several cases with actinomycosis.

Actinomycosis is a rare entity and affection of the parotid gland is seldomly described. However, this report does not add additional information to existing literature and does not describe any unusual events or outcomes. Therefore, I do not think this report would be of added value to the journal or the existing literature.

- ➔ The content was revised according to the opinions of other reviewers. Thank you.