

Peer Review File

Article information: <https://dx.doi.org/10.21037/ajo-24-8>

Reviewer A

Comment 1: Thank you for your thoughtful submission to AJO. This is a scoping review looking at the incidence and treatment of fungal laryngitis in immunocompetent patients. As the paper pertinently showed, there is limited evidence available in this area. This is an excellent overview of what data is available and provides a clear summary of the available evidence and potential treatment options. I would recommend publications without revision.

Reply 1: Thank you very much for the kind feedback and taking the time to assess our manuscript.

Changes in the text: N/A

Reviewer B

Editor Note: For line numbers, please see the attached “AJO-24-8-Line number” for your reference.

The authors describe what seems to be a thorough literature review, with 34 patients from multiple case reports included in their qualitative analysis of treatment for fungal laryngitis in the immunocompetent patient.

Comment 1: There is an attached Excel document entitled “blank template” but it actually includes 5 different worksheets, only one of which is the blank template. None are referenced in the paper. Was this document included in error? Is the blank template intended to be included -it is not mentioned as such in the text?

Reply 1: Our Apologies, we included the master extraction template and data by accident. This will be removed.

Changes in text: N/A (“AJO-24-8 AJO Extraction Blank template.xlsx” to be removed)

Comment 2: The paper would benefit from a careful check and correction of multiple errors in the English to make it easier to read. Table legends should include explanations of the abbreviations used within the table.

Reply 2: Thank you for this valuable feedback. Our apologies for the grammatical errors that slipped through the review. The paper has been re-edited and explanations to tables added including defining abbreviations.

Changes in text:

Table 1 – no abbreviations

Table 2 – Line 240 Heading changed to “Joanna Briggs Institute Risk of Bias assessment for case reports”, “ICS” defined in legend below table.

Table 3 – Legend added to define, “Y: Yes, N: No, Ex: Previous Tobacco use”

Table 4 – no abbreviations used

Thorough proof read with multiple grammatical errors corrected.

Comment 3: Figure 1 and Tables 1 and 2 are given legends within the text but are not referenced at any point in the text – it would be usually for the authors to add eg “(Figure 1)” in brackets at the most appropriate point in the text, to guide readers to look at the figure/table.

Reply 3: Thank you for pointing this out to us. We have added text to reference Figure 1 in line 205, to reference table 1 in line 223 and table 2 was already referenced on line 238.

Changes in text: Figure 1 in line 205, to reference table 1 in line 223 and table 2 was already referenced on line 238.

Comment 4: “JBI/ROB” is not a suitable title for Table 2 – the abbreviations should be explained.

Reply 4: Thank you for this feedback. Please see reply 2. We have adjusted it accordingly.

Changes in text: Table 2 – Line 240 Heading changed to “Joanna Briggs Institute Risk of Bias assessment for case reports”, “ICS” defined in legend below table.

Results:

Comment 4: Line 249 – repeats the total number of patients included (n=34) which is already stated in line 223.

Reply 4: Thank you for pointing this out, we have the duplicate statement.

Changes in text: Line 249 “There was a total combined patient cohort of 34 individuals” removed.

Comment 5: Line 278 – following on from the description of treatment given based on pathogen, there is a sentence stating that 20 patients had chest imaging done. This does not fit well here and should be moved to earlier in the results section – diagnosis and investigations should be discussed before treatment.

Reply 5: Thank you for this comment. We agree and have adjusted the manuscript accordingly, Line 278 now is moved into the results section at line 226.

Changes in text: Line 278 moved to line 226.

Comment 6: Duration of follow up is reported in Table 3 but should be included in the text as well, as a mean and range.

Reply 6: Thank you for this insight. We have included this accordingly as well as the dosage ranges for each antifungal (in those that had variance). Please see line 256, 257, 267, 268, 276, 277, 281, 282, 283.

Changes in text:

- Added to 256 “(Range 200mg to 800mg)”
- Added to line 257 “(Range 1 to 8.7 weeks)”
- Added to line 267 “Both patients received” “for a”
- Added to line 268 “patient received 100mg for 4 weeks followed by 200mg for 16 weeks for a total”
- Added to line 276 “All patients received”
- Added to line 277 “(range 13 to 47.8 weeks)”
- Added to line 281 “but , all patients”
- Added to line 282 “treated with itraconazole received”
- Added to line 283 “(range 8.7 to 39.1 weeks)”

Discussion:

Comment 7: Line 299 – “combing” should perhaps be ”combining”?

Reply 7: Yes absolutely, our apologies. This has been corrected.

Changes to text: Line 322 “Combining”

Comment 8: Can the authors discuss why the length of treatment varied so much between cases?

Reply 8: Thank you for this valuable comment. We have adjusted the discussion accordingly to speculate on the reason for this. The following was added “The duration of treatment varied greatly between cases with the same causative pathogen. This likely relates to the limited knowledge available on treatment duration and correlation to symptom resolution. Most authors continued treatment to an arbitrary time point with continuous symptoms and clinical assessment (via flexible nasal endoscopy) which was sufficient to prevent recurrence.”

Change to text: Line 416 added “The duration of treatment varied greatly between cases with the same causative pathogen. This likely relates to the limited knowledge available on treatment duration and correlation to symptom resolution. Most authors continued treatment to an arbitrary time point with continuous symptoms and clinical assessment (via flexible nasal endoscopy) which was sufficient to prevent recurrence.”

Comment 9: Can the authors suggest a management algorithm for fungal laryngitis in the immunocompetent patient? This could be in the form of a flow chart.

Reply 9: Thank you for this valuable feedback. We absolutely agree and have created a flow chart to address this. Please see figure 2.

Changes to text: Addition of figure 2 at line 433. Insertion of text at line 429 “Based on the available literature on the topic, and commonality in treatment paradigm, we propose the diagnostic algorithm found in Figure 2 for the management of fungal laryngitis in an immunocompetent patient”.