Dear Sirs,

We would like to thank you for your valuable recommendations. We have made the following changes according to the Reviewers’ suggestions:

Reviewer 1:

The discussion section has been enriched with a paragraph related to invasive aspergillosis and solid tumors. Also, the discussion about haematologic patients and aspergillosis has been diminished. Invasive aspergillosis has been described among patients with solid tumors, but usually after chemotherapy or after prolonged treatment with corticosteroids.19 It has been suggested that invasive aspergillosis has been related to advanced stages of solid tumors as well.20 Our patient proved to have disseminated cancer, too, at the time of presentation of invasive aspergillosis. It is noteworthy that there have been no reports of co-existance of invasive aspergillosis and non-disseminated solid tumors, prior to chemotherapy or corticosteroids administration.

The associated references have been added, too. 19. Ohmagari N, Raad I, Hachem R, Kontoyiannis DP. Invasive aspergillosis in patients with solid tumors. Cancer 2004; 101: 2300-2302.

20. Yan H, Li M, Jiang M, Zou L, Luo F, Jiang Y. Clinical characteristics of 45 patients with invasive pulmonary aspergillosis. Cancer 2009; 115: 518-525.

Reviewer 2:

1. The discussion section has been changed as described above. Invasive aspergillosis has been described among patients with solid tumors, but usually after chemotherapy or after prolonged treatment with corticosteroids.19 It has been suggested that invasive aspergillosis has been related to advanced stages of solid tumors as well.20 Our patient proved to have disseminated cancer, too, at the time of presentation of invasive aspergillosis. It is noteworthy that there have been no reports of co-existance of invasive aspergillosis and non-disseminated solid tumors, prior to chemotherapy or corticosteroids administration.
2. Defining the patient as a diabetic has been changed to classifying the patient as a diabetic

Excision of the mass was determined has been changed to …was decided.

Growed has been corrected to grew

Severe septic shock has been changed to septic shock

1. The title has been changed according to the Reviewer’s suggestion. **Invasive Aspergillosis As The Presenting Manifestation Of Small Cell Carcinoma**
2. Case presentation: Laboratory values have been added to the text. Laboratory values were as follows: WBC: 5.970 /mm2,Ht: 34.9%, PLTs: 122x103/μL, glucose: 156 mg/dL, urea: 50 mg/dL, creatinine: 1.41 mg/dL, AST: 18 iu/l, ALT:13 IU/L, ALP: 104 IU/L, CPK: 14 IU/L, albumin: 2.4g/dL, globulins:1.83 g/dL.

5. Discussion section: It has been enriched by the potential association of invasive aspergillosis and diabetes mellitus. Diabetes mellitus patients may be susceptible to fungal infections, such as aspergillosis. Uncontrolled and prolonged diabetes mellitus may alter the normal immunologic response to infections, as these patients have decreased phagocytic and polymorphonuclear capacity.17-18 The related references have been added. 17. Norlinah MI, Ngow HA, Hamidon BB. Angioinvasive cerebral aspergillosis presenting as acute ischaemic stroke in a patient with diabetes mellitus. Singapore Med J 2007; 48(1):e1-e4.

18. Rudagi BM, Halli R, Kalburge J, Joshi M, Munde A, Saluja H. Management of maxillary aspergillosis in a patient with diabetes mellitus followed by prosthetic rehabilitation. J Maxillofac Oral Surg 2010; 48(1): 1-10.

6. References. Reference 10 has been changed according to the Reviewer’s suggestions. 10. Treatment of Aspergillosis: Clinical Practical Guidelines of the Infectious Diseases Society of America. Clin Infect Dis 2008; 46: 327-360. Reference 21 has been added to the References section, too.21. Monroe MM, McLean M, Sautter N, Wax MK, Andersen PE, Smith TL, Gross ND. Invasive fungal rhinosinusitis: a 15-year experience with 29 patients. Laryngoscope. 2013l; 123(7): 1583-1587.

Kind regards,

Natalia Vallianou, MD, PhD