

ANSWERING REVIEWERS

Name of Journal: World Journal of Clinical Infectious Disease

Manuscript Number: 27752

Manuscript Title: Can the detection of IgA anti-Mycoplasma pneumoniae added to IgM increase diagnostic accuracy in patients with infections of the lower respiratory airways?

Responses to reviewers

Reviewing: 506492

The submitted paper has demonstrated the usefulness of IgA in diagnostic of M. pneumoniae infections in older patients. Similar finding has also been reported by other investigators. More confirmation of the finding is of interest to infectious disease specialized. The paper is very straightforward with few comments.

1. Please indicate the cut-off values used for the interpretation of the respective tests for IgA, IgM, IgG.

Response: according to the manufacturer's instructions, an index value of 10, that is expressed for IgG and IgA as AU/mL (arbitrary units/mL), was used as cut-off. This was added in Materials and Methods.

2. In M & M, the authors indicated that serological examination on 1067 samples were done. Although originally there were 2719 samples, but no work was performed on all the samples. There is no need to mention 2719 samples when nothing was done and they were initially eliminated because of the lack of request by GP for immunological testing. Stick with 1067 throughout the paper to eliminate any confusion.

Response: This was done.

3. What were the main inclusion criteria for 1067 cases?

Response: The main inclusion criteria are the request for IgA anti-Mycoplasma by departments' doctors or GPs and diagnosis of lower respiratory airways.

4. Were there any correlations found between the Ig types and the hospitalization vs. out-patients cases? Please elaborate.

Response: There are no statistical differences between out-patients and in-patients for any Ig types. This was added in the Results.

5. Check typing: Analyzed not analyzed.

Response: This was corrected.

Reviewing: 506525

1. In the Abstract and Methods, the authors mention 1067 patients, but in Table 1 added 1077. Please correct.

Response: This was corrected.

2. Explain why was used chemiluminescent assay for the detection of IgG and IgM, and for IgA was used ELISA.

Response: In our routine, chemiluminescence tests for IgG and IgM of DiaSorin are used (following public procurement procedure), but, since does not exist a chemiluminescent test for IgA by DiaSorin, an ELISA for IgA is used in routine.

3. Mentioning which is the gold standard serology for mycoplasma.

Response: This was added in Discussion.

4. Table 2 shows: IgM e/o IgE, which means?

Response: IgM and/or IgA. This was corrected.

5. According to the data of Table 3, p and CI 95%, the detection of IgA and increased diagnosis were significant in patients older than 70 years and not older than 50 years.

Response: the table 3 was corrected and p (intra-group that is a misprint of an earlier improper statistical analysis) removed because the most appropriate linear regression method, pointed out a significant correlation with the age of patients for the IgA with a statistical difference, splicing subjects in below/equal and above 50 years of age.

6. Update references.

Response: This was done.

Reviewing: 00506472

It is an interesting paper showing that IgA mycoplasma antibodies contribute to diagnostic yield increase, compared with usage of only IgM mycoplasma antibodies in older patients >50 years old. Sample was adequate and derived from all age groups with lower respiratory tract infection. One remark: text needs minor editing.

Response: the article was submitted to a native English-speaker editor and edited accordingly