Reviewer's report

Title: Influenza A H1N1 septic shock in a patient with systemic lupus erythematosus. A case report

Version: 2 Date: 22 September 2011

Reviewer: Giacomo Grasselli

Reviewer's report:

Major Compulsory Revisions

The clinical picture needs to be described more precisely. In particular, the hemodynamic status of the patients needs to be clarified: it seems very unusual that a patient with a severe septic shock requiring unconventionally high doses of norepinephrine (2 mcg/kgxmin) did not have any type of invasive hemodynamic monitoring system (e.g. pulmonary artery catheter, PiCCO, etc.). Can the Authors please provide additional data on patient’s hemodynamics, like cardiac index and some indexes of preload? At least central venous pressure, mixed venous (or surrogate) oxygen saturation and blood lactate level should be reported. Even if “heart ultrasound revealed mild diastolic dysfunction with preserved EF”, an assessment of the adequacy of cardiac output to patient’s needs is mandatory: for example, a low mixed (or central) venous oxygen saturation may indicate the need for some inotropic drugs like dobutamine.

Moreover, since the patient was intubated because of refractory shock, some information about the ventilatory management (e.g. tidal volume, respiratory rate, plateau pressure and possibly respiratory system compliance) should be provided, even in absence of overt involvement of the respiratory system. What was the duration of mechanical ventilation?

Finally, the Authors state that “there was mild prerenal azotemia and severe liver impairment”: please provide the relevant laboratory data.

Minor essential revisions

1. Introduction: the sentence “However, viruses are not considered to cause serious infections in these patients, representing, mainly, reactivation of…” needs a linguistic revision

2. Introduction, discussion: several excellent reviews on the clinical presentation of pandemic H1N1 influenza have been published and at least one should be cited when describing the disease

3. Case report: the word “collistin” should be changed to “colistin”

4. Case report: can the Authors add a Figure of the chest CT scan to show the aspect of the lung parenchyma?
5. Case report: why an oseltamivir dose of 150 mg/day instead of 300 mg/day was chosen?

6. Case report and Discussion: the Authors say that BAL-rtPCR was persistently positive for 21 days and describe this as a “long lasting viral persistence, despite recommended oseltamivir therapy”. rt-PCR detects the presence of viral genome with an extremely high sensitivity, so it is not completely unexpected that it remains positive even after the clinical resolution of the disease. Can the Authors please describe (referring to appropriate references) the “normal” viral clearance during oseltamivir therapy?

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests