Reviewer's report

Title: Persistence of lipoatrophy after a four-year long interruption of antiretroviral therapy for HIV1 infection: case report

Version: 1 Date: 16 May 2005

Reviewer: massimo galli

Reviewer's report:

General
This is an interesting case report describing the long term evaluation of lipodystrophic alterations induced by highly active antiretroviral therapy in a HIV-positive woman after therapy interruption. Information about the reversibility of HAART-related body fat alterations in patients discontinuing the treatment for a brief or a long period are yet scant.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
The are no Major Compulsory Revisions.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
1- Abstract line 3: t is it
2- Reference 12: cells/ml is cells/microl.

Discretionary Revisions (which the author can choose to ignore)
1- Background line 7: the statement Objective measurements of fat deposits and physicians evaluation is not completely correct. It is true that body composition changes may be easily assessed by patients self-report, physicians judgement and anthropometric measurements, but an objective measure of these alterations requires more complex methods, such as Dual-energy X-ray absorptiometry, Magnetic Resonance Tomography or CT scan. However, these methods are costly and not always feasible in routine clinical practice. Moreover, their lack of standardization requires that patients undergo prospective assessment and act as their own controls.

2- Background line 16: the statement patients starting therapy for advanced HIV infection is not correct. The Authors should report more precisely what references indicate among risk factors of lipodystrophy, i.e. a more advanced disease and a longer exposure to antiretroviral drugs.

3- Background line 17: a complete description of lipodystrophy in patients treated with HAART requires a brief statement addressing what we know about the evolution over time of the body fat abnormalities in patient continuing treatment. There are evidences that once body changes become clinically evident, they generally tend to remain or worsen, and improve in only a small minority of cases (Galli M. et al. Correlates of risk of adipose tissue alterations and their modification over time in HIV-1 infected women treated with antiretroviral therapy. Antiviral Therapy 2003; 8:347-354).

4- Case presentation line 28: pictures 1a and 1b showing the reversion of pads of fat accumulation do not give visual evidence of modifications since previous pictures were not performed. Therefore they should be left out.
5- Case presentation line 32: hypertriglyceridemia is a frequent finding in HIV-positive patients with lipodystrophy. How did hypertriglyceridemia evolve after treatment interruption in this patient?

6- Case presentation line 46: the Authors should give a short comment about the evolution of the patients triglycerides levels after HAART interruption (see the previous report from Hatano H. et al. Metabolic and anthropometric consequences of interruption of highly active antiretroviral therapy. AIDS 2000; 14:1935-1942).

7- Case presentation line 50: the statement persistent interference with lipid metabolism caused by the new antiretroviral drugs may be better than persistent interference with lipid metabolism caused by the change of HAART regimens.

8- Case presentation line 51: The statement our observation suggest that the loss may be better than our observation seem to lend support to the idea that the loss.

9- Case presentation line 56: Add after treatment interruption after even in the long run.

10- Case presentation line 56: The last statement the lean features.HAART withdrawal does not add anything and should be left out.

What next?: Accept after discretionary revisions

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

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests