Author's response to reviews

Title: Adult systemic cat scratch disease associated with therapy for hepatitis C

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Author's response to reviews: see over
5 December 2006
Annabel Phillips, Ph.D.
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Dear Dr. Phillips:

Attached please find our revised manuscript, “Adult systemic cat scratch disease following therapy for hepatitis C” by Z. Bhatti and C. S. Berenson (MS: 1554525631115588). We appreciate the review offered by both reviewers, and we are gratified that both appreciated the clinical importance of the report. In this revised manuscript, we have paid careful attention to every comment of both reviewers and we have made appropriate revisions to address each one. We feel that this has strengthened the manuscript significantly. This letter summarizes the reviewers’ comments and the means by which this revised manuscript addresses them.

**Reviewer 1**

**Comment 1:** “It could be interesting to know if the patient reached sustained virological response or not”.

**Response:** This information is now included on p. 3, lines 15-18.

**Comment 2:** “Which type of antibodies were detected –IgM or IgG? Did the titre change during follow-up?”

**Response:** The standard ELISA performed by the NY State Department of Health included both IgG and IgM titers. This information has now been included on p. 5, line 11. Follow-up levels were not checked because we were utilizing the test for its diagnostic value. This point is discussed on p. 5, lines 21-22.

**Comment 3:** “…discuss the role of immunohistochemistry using monoclonal antibodies against cat scratch disease in confirmation of the diagnosis when a lymph node is available.”

**Response:** We agree that this adds to the substance of the manuscript, and have now added this information, along with new references, to our Discussion (p. 6, lines 14-22).

**Reviewer 2**
Comment 1: “Insufficient details are reported …In particular the dosage and duration of antiviral treatment…The time elapsed from initial manifestations…to admission are not described. …it is obscure…if cutaneous manifestations of cat scratch disease were observable at any time…”

Response: Each of these points is now included in the presentation (pp. 3, 4). The onset of lymphadenopathy at the time of his presentation to our institution was the first cutaneous manifestation of the disease.

Comment 2: “…it is surprising that in this patient the first suspected diagnosis of lymphadenopathy was interpreted as a side-effect of pegylated interferon treatment. If this was the case, was the antiviral therapy discontinued or not?”

Response: We fully agree with the reviewer’s assessment, although initial manifestations also included malaise, weight loss, and other symptoms. Medical records clearly indicated that, although he tolerated therapy relatively well for the first several months, his initial manifestations were misinterpreted as adverse effects of medication, leading to premature discontinuation of therapy. This reaffirms one major reason that we felt it critical to submit the findings of this event as a case report. It was only when lymphadenopathy and weight loss became profound that he was referred for further workup. Clinical features of disseminated CSD mimic many other diagnoses. Thus, we have cited, in our Discussion, reports of numerous other instances in which disseminated CSD was initially mistaken for something else. We further suspect that unusual infections in other patients on therapy for hepatitis C might be similarly misinterpreted as adverse reaction to medications, and we wish to alert clinicians of the need to be aware of aberrant presentations of infections in this population.

Comment 3: “…cat scratch disease is not a common condition in adults. Therefore, the conclusions reported in the abstract and in the background…should be changed according to those presented at the end of the text.”

Response: We have now highlighted, both in the conclusion of the abstract (p. 2, lines 3 and 11), and in the background of the text (p. 3, line 5), language to further reflect the rarity of disseminated CSD in adults.

We greatly appreciate the comments of both reviewers. We feel the revisions prompted by these reviews have strengthened this manuscript, which we hope that you will now find acceptable for publication in BMC Infectious Diseases.

Sincerely yours,

Charles S. Berenson