Author's response to reviews

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

Authors:

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Author's response to reviews: see over
Dear Dr. Phillips:

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

**Reviewer**

**Comment 1**: “A crucial point must be clarified.....the length of time elapsed from the first clinical manifestations of the disease to the first admission...This is important since what correctly appeared as unusual systemic manifestations of CSD could have previously presented for many weeks as ...classic..CSD in the adult.

**Response**: The time of onset of symptoms until admission was approximately one month. Prior to systemic manifestations, as described in the manuscript, there were no other earlier symptoms that could be construed as more classic CSD findings. We agree that this clarification is important and have included it on p. 4, lines 1-2.

**Comment 2**: “…a dose of 180 mcg of pegylated interferon alpha 2b was used. This suggests that the body weight of the patient was 120 kg. Is this correct?”

**Response**: We mistakenly indicated that the patient had received interferon alfa-2b when in fact, the preparation he received was interferon alfa-2a (brand-name Pegasys). According to manufacturer’s (Roche Pharmaceuticals) instructions, for hepatitis C, genotype 1, 180 ug weekly is the recommended dose. Thus, the error was not in the dosing, but incorrectly identifying the interferon-α preparation that was used. We have since corrected the error and indicated the
correct interferon α preparation. We appreciate the reviewer’s comment, that brought this to our attention.

**Comment 3:** “…interferon is usually administered subcutaneously and not intramuscularly.”

**Response:** Administration of interferon was given subcutaneously and not intramuscularly. This too was stated in error in the previous version of the manuscript. We again appreciate the reviewer’s comment for bringing this mistake to our attention. We have now corrected it (p. 3, lines 16-17).

We appreciate the added comments of the reviewer and we feel the revisions prompted by this review have further strengthened this manuscript, which we hope that you will now find acceptable for publication in *BMC Infectious Diseases*.

Sincerely yours,

Charles S. Berenson