Author's response to reviews

Title: Biopsy proven acute interstitial nephritis after treatment with moxifloxacin

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The comments provided by the reviewers were insightful and very helpful. We believe we have addressed all of their comments in full. The changes made can be seen in the manuscript and below we provide point by point explanations to the comments of each reviewer.

**Response to comments from reviewer 1:**

Thank you for your detailed review of our manuscript and in particular for highlighting the need for us to clarify certain aspects of the manuscript.

**Major point**

We will apologize for omitting to mention that in the other case a renal biopsy was performed. We had no access to the full text of the article and missed this important information, which, admittedly, was included in the abstract. We have of course noticed that our case was not the first, as you can see in the revised manuscript.

Nevertheless, our case provides another example of the potential nephrotoxic effects of moxifloxacin. Interestingly, both patients responded to corticosteroids, but in our case the improvement of renal function was better despite the worse initial presentation (presumably due to the earlier diagnosis) and this is compatible with the results of the study of Gonzalez et al.

In summary, we believe that both cases add evidence to the fact, that renal biopsy should be considered in a patient with acute kidney injury after treatment with moxifloxacin to rule out or confirm the diagnosis of interstitial nephritis. Furthermore, early treatment with corticosteroids may have beneficial impact on renal function recovery.

**Minor point**

The correct sentence is “his renal function”. Thank you for the remark.
Response to comments from reviewer 2:

We would like to thank you again for your constructive comments regarding the first revision of our manuscript and its acceptance without other changes.

Response to comments from reviewer 3:

Thank you for your review of the manuscript, your insightful comments have helped us to provide useful information to the reader.

Minor revisions

1. The interstitial infiltrates were nearly completely composed of eosinophils and tubulitis was also present. The glomeruli appeared normal in the light microscopy and the immunohistochemistry was negative. Unfortunately, EM was not performed, mainly due to the unambiguous diagnosis and the further clinical course. This additional information regarding the pathology report has been incorporated in the revised manuscript, according to your suggestions.

2. The urine sediment contained no casts or crystals related to specific drug toxicities.

3. Moxifloxacin was taken by the patient for nearly two weeks and was discontinued more than a week before his admission. Thank you for giving us the opportunity to clarify this further in the text.

Minor comments

1. The misspelled word jungular is corrected.

2. Eosinophils were not observed in the urinary sediment, but specific stains were also not performed. This is denoted in the manuscript. We believe that eosinophiluria could be detected with the use of Hansel’s stain, since in the biopsy specimen tubulitis and eosinophils within the tubular lumen were seen.

We hope that we have addressed the issues raised and that the final manuscript will rise both at the reviewers’ and the editor’s expectations.