Author's response to reviews

Title: Renal function evaluation in patients with American Cutaneous Leishmaniasis after specific treatment with pentavalent antimonial

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Author's response to reviews: see over
Dear Editor of *BMC Nephrology*,

We would like to thank the review of our original article entitled “Renal function evaluation in patients with American Cutaneous Leishmaniasis after specific treatment with pentavalent antimonial”. This paper brings important information about tubular dysfunction in cutaneous leishmaniasis, an endemic disease in tropical areas. We hope this can be published in *BMC Nephrology*, one of the most important international publications in the field of Nephrology.

Sincerely yours,

Rodrigo A. Oliveira, MD, PhD

(On behalf of all co-authors)
Reviewer #1

We would like to thank the review of our original article entitled “Renal function evaluation in patients with American Cutaneous Leishmaniasis after specific treatment with pentavalent antimonial”. This paper brings important information about tubular dysfunction in cutaneous leishmaniasis, an endemic disease in tropical areas. We hope this can be published in BMC Nephrology, one of the most important international publications in the field of Nephrology.

The specific questions are answered as follows.

1. “There are not many publications on this topic. Uninary acidification defect was corrected in 9 patients reducing its prevalence to 40% before to 16% after treatment. This is a beneficial effect of treatment. There was also improvement in microalbuminuria. After publication of this result, the authors should follow up the patients after one year of treatment and assess the renal functions again and publish their results”. We think this is a very important issue. The results of these patients’ follow up should be published later.

Sincerely yours,

Rodrigo A. Oliveira, MD, PhD
Reviewer #2

We would like to thank the review of our original article entitled “Renal function evaluation in patients with American Cutaneous Leishmaniasis after specific treatment with pentavalent antimonial”. This paper brings important information about tubular dysfunction in cutaneous leishmaniasis, an endemic disease in tropical areas. We hope this can be published in BMC Nephrology, one of the most important international publications in the field of Nephrology.

The specific questions are answered as follows.

1. “Statistical review: Yes, but I do not feel adequately qualified to assess the statistics”. All statistical analyses were reviewed by a specialized Statistician (Prof. Rosa M.S. Mota) and there are no errors.

Sincerely yours,

Rodrigo A. Oliveira, MD, PhD
We would like to thank the review of our original article entitled “Renal function evaluation in patients with American Cutaneous Leishmaniasis after specific treatment with pentavalent antimonial”. This paper brings important information about tubular dysfunction in cutaneous leishmaniasis, an endemic disease in tropical areas. We hope this can be published in *BMC Nephrology*, one of the most important international publications in the field of Nephrology.

The specific questions are answered as follows.

1. In the paper it is pointed out that the average lesion evolving time is of only 28.5 days (7-90) and the MST (Montenegro Skin Test) is only positive in 59.5% of cases, however, there is no description of size or type of lesions. The short time of evolution of the lesions and the low positivity of the MST indicate that most of the lesions were small and they were patients in initial stages of clinical manifestations, probably some of them even in nodular form, where the parasites have had little time to cause tubular dysfunction. All patients studied had ulcerated lesions. Actually, our patients were in very early stage of the disease, however they presented systemic inflammatory reactions, such as fever, arthralgias and myalgias with humoral activation, which can explain tubular dysfunction.

2. No data is presented of other studies in a general healthy population and it would be very convenient to have evidence that the renal findings are in effect caused by the parasite. Its necessary to have a control group with people of the same region of origin of the patients and with similar characteristics of age, sex,
race and occupation. If this control population does not have any alterations in renal function and particularly in urinary concentration and urinary acidification, then Leishmania can be regarded as a cause. Without data of this control group the statements will need to be confirmed. We included a control group and compared all data.

Sincerely yours,

Rodrigo A. Oliveira, MD, PhD