Author's response to reviews

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

Authors:

Rodrigo A Oliveira (rodrigoalves@ufc.br)
Claudio G Lima (claudioglima@yahoo.com.br)
Rosa MS Mota (rosa@ufc.br)
Alice MC Martins (martinsalice@gmail.com)
Talita R Sanches (tatarojas@gmail.com)
Antonio C Seguro (trulu@usp.br)
Lucia C Andrade (luciacan@usp.br)
Geraldo B Silva Junior (geraldobezerrajr@yahoo.com.br)
Alexandre B Libório (alexandreliborio@yahoo.com.br)
Elizabeth F Daher (ef.daher@uol.com.br)

Version: 3 Date: 16 May 2012

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 #3

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. “I remain a little confused with the answers to my questions because if all the patients were immunocompetents and all them had had ulcerative lesions the MST positivity must be more than 90% and fever, arthralgias and myalgia are not symptoms associated to American cutaneous leishmaniasis. A more comprehensive explanation is needed”.

We agree that MST positivity should be higher than we found considering that all patients were immunocompetents. Despite this we remember that MST is only screen test for ACL diagnosis and it depends on the individual immunity and around 20% of patients may present transitory anergy with MST negative (ULRICH M, RODRIGUEZ V, CENTENO M, CONVIT J. Differing antibody IgG isotypes in the polar forms of leprosy and cutaneous leishmaniasis characterized by antigen-specific T cell anergy. Clin Exp Immunol 1995; 100:54-58). We agree that systemic symptoms are not usually manifestation of ACL, but some patients may present fever, lymphadenopathy, hepatomegaly, myalgias. The clinical features of ACL

Sincerely yours,

Rodrigo A. Oliveira, MD, PhD