Author's response to reviews

Title: Alcohol-Induced Severe Acute Pancreatitis Followed by Hemolytic Uremic Syndrome Managed with Continuous Renal Replacement Therapy

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Author's response to reviews:

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RE: MS: 1598405464970926

Alcohol-Induced Severe Acute Pancreatitis Followed by Hemolytic Uremic Syndrome Managed with Continuous Renal Replacement Therapy

Peng Fu, Ai-hong Yuan, Chun-hua Wang, Xin Li and Hai-yang Wu
Dear Dr. Henderson:

Thank you for your kind review of our manuscript and for the valuable reviewer comments. We have read the comments carefully and revised the manuscript based on their input. Changes to the manuscript have been recorded with the track changes function. Below we have included the comments and our responses.

We are very grateful for the opportunity to submit a revised manuscript and are looking forward to your next correspondence.

With best regards:

Dr. Fu

Responses to comments

Editorial Request:

1. Ethical Approval

We note that you have stated that ethical approval has been obtained. We wouldn't normally expect a Case report to have ethical approval. Can you please clarify why this was obtained and whether any parts of patient care were not standard/routine.

Response: All papers written by members of our hospital that are to be submitted for publication require ethics committee approval. It is the rule at our institution. All patient care was standard/routine.
Reviewer's report

Title: Alcohol-Induced Severe Acute Pancreatitis Followed by Hemolytic Uremic Syndrome Managed with Continuous Renal Replacement Therapy

Version: 1 Date: 13 August 2013

Reviewer: Hiroo Kawarazaki

Reviewer's report:

The authors present a case of AKI following pancreatitis and successful treatment by CRRT.

It is difficult to suggest that CRRT was a successful strategy for treating HUS following pancreatitis since CRRT is mainly a supportive therapy for AKI.

However they suggest that CRRT may have shown concomitant effect in therapy for pancreatitis.

Major Compulsory Revisions

The authors state that the patient was provisionally diagnosed with HUS. What were the data that suggest otherwise? What was the pro-thrombin time (PT-INR)? Would DIC not be a differential?

Response: The symptoms of the patients, the triad of acute renal failure, hemolytic anemia, and thrombocytopenia triad, were diagnostic for hemolytic uremic syndrome (HUS). We have removed the word “provisional” from the manuscript.

The PT-INR in the early stage was 1.5 to 2.5, and it gradually improved with
improvement of the patient's symptoms over 2 weeks to a normal range (around 1.0). Her clinical symptoms of acute kidney injury and her treatment reaction were not consistent with a diagnosis of DIC thus DIC was excluded.

1) How was CRRT done? Hemofiltration or hemodialysis? What was the dose given?

Response: CRRT was done by hemofiltration. The dose was 40 ml/kg/h. We have included this information in the manuscript.

2) When the authors mention RRT or CRRT, they should state if they are mentioning hemodialysis or hemofiltration because some of the statements in the fourth paragraph in the Conclusions are confusing (they are probably mentioning hemofiltration).

Response: Please accept our apology for what are errors of English translation. We are discussing hemofiltration. This has been corrected and the manuscript has been revised and edited by a native English speaking professional medical / scientific writer.

3) The authors hypothesize that removal of cytokines and inflammatory mediators by CRRT was related to the remission of pancreatitis and HUS. There is no evidence shown to support this in the conclusions.

Response: In the case described, the early application of CRRT resulted in resolution of pancreatitis and HUS in a short time. Removal of cytokines by CRRT has been reported. We believe that it is possible that the removal of cytokines and inflammatory mediators contributed to the resolution. However, you are correct in that there is no direct evidence to support this belief. We have rephrased the statement in the manuscript as follows: “It is possible that removal of inflammatory mediators by the rapid initiation of CRRT contributed to the recovery of our patient, though we have no clear evidence to support this hypothesis.”
Minor Essential Revisions

1) How do the authors define “early” CRRT? How do they think that “early” CRRT was effective.

Response: We define early CRRT as the initiation of CRRT in the early stages of acute kidney injury rather than once severe injury or kidney failure has occurred.

We believe that early initiation of CRRT removed cytokines and inflammatory mediators which contributed to the success of the therapy. But as we have indicated in the response to the comment above, we have no evidence to support this belief.

We have rewritten the first sentence of the last paragraph as follows: “In summary, we have presented a case of adult HUS secondary to acute pancreatitis successfully managed by prompt diagnosis and rapid initiation of CRRT via hemofiltration before severe kidney injury or renal failure had occurred.”

Acute renal failure (first line in abstract and main manuscript) should be termed acute kidney injury.

Response: This has been revised as suggested.

Reviewer’s report

Title: Alcohol-Induced Severe Acute Pancreatitis Followed by Hemolytic Uremic Syndrome Managed with Continuous Renal Replacement Therapy

Version: 1 Date: 5 August 2013

Reviewer: Rashmi Patel
Reviewer's report:

1. Author should look for serum LDH and Renal Biopsy which very important for diagnostic and prognostic purposes.

Response: Early in the disease course plasma LDH is elevated in patient#856U/L in patient compared to normal LDH level: 35-123U/L#, and LDH levels gradually decline with CRRT treatment and mitigation of pancreatitis. Renal biopsy was not performed in this patient because she refused invasive examinations. This information has been included in the manuscript.

2. Why patient doesn't go for therapeutic plasma pharesis? , which very helpful for prognosis of patient other than only giving fresh frozen plasma.

Response: Treatment of this patient was carried out before dawn, and CRRT was performed in the emergency department. At the time the patient was seen and treated, plasmapheresis was not available. Because CRRT therapy was very effective, performing plasmapheresis was not considered necessary. We have clarified these points in the manuscript.