Reviewer's report

Title: Plasmapheresis in a patient with antiphospholipid syndrome before living-donor kidney transplantation: a case report

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Reviewer: Savino Sciascia

Reviewer's report:

This is an interesting case reporting the use of plasmapheresis in a patient with antiphospholipid syndrome before living-donor kidney transplantation

Major points

- No information is provided about the presence of Lupus Anticoagulant (LA). Among the aPL, LA has been proven to be the strongest risk factor for thrombosis and this should be taken into account when reporting this case

- aPL are known to be "a second hit" for thrombosis (e.g. Giannakopoulos B NEJM). Usually they are necessary but not sufficient for clotting. The Authors should justify more in details the rationale behind their approach. Which was their aim for the temporary aPL removal from blood stream?

- in the discussion, the authors referred to "recurrent lupus nephritis" but no information is provided about the previous history of LN.

- Anticoagulation at the time of the recurrences should be reported. Was the INR within therapeutic range?

- aPL are known to fluctuate over the time. aPL levels before and after plasmapheresis should be compared with permanent immunity (e.g IgG tetanus).

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests' below