Reviewer's report

Title: Late antibody-mediated rejection after ABO-incompatible kidney transplantation during sepsis.

Version: 2 Date: 28 November 2013

Reviewer: Daniele Focosi

Reviewer's report:

minor essential revisions:
1) the title should include "... sepsis from Serratia marcescens", given the highly likely link between antigen(s) from this bacterium and anti-A titer rise
2) the titer (colony numbers) of Serratia marcescens in urine during admission should be detailed, as well as reasons for discharging without treatment of infection/colonization (the likely source of retrograde pyelonephritis seven weeks later)
3) the authors should clarify ("various uropathogens") whether Serratia was still present in urine during admission at week 7
4) the authors should explain why they administered nephrotoxic beta-lactam imipenem in absence of a bacterial isolate and 5 days later they administered high-dose steroids to a patient with bacteremia just on the suspicion of rejection and far before the result of graft biopsy
5) the authors should state whether the husband (donor) was A1 or A2 blood type
6) In their response to reviews the authors state "In the incubation experiments performed commercially available donor plasma and A erythrocytes were used." I suppose that the sentence "these different S. marcescens suspensions were incubated with anti-A plasma for 30 minutes at 37 °C" should be interpreted as "plasma from a group B donor". If yes, a purified, commercial anti-A (A1 or A2) antiserum would have been a better (more specific and less confounding) choice than whole plasma
7) the kinetics of anti-B isoagglutinins (whether assayed) should be reported to corroborate the hypothesis of bacterial trigger
8) the role of intra-graft infection (pyelonephritis, as in the pediatric case by Schaefer et al.) vs. systemic infection as the actual proinflammatory trigger should be clarified
9) a reference to Banff classification should be added when stating "type 3"
10) the cause of recipient's death, whether related to sepsis or surgery, should be disclosed
11) type of immunoadsorption (likely anti-B GlycoSorb columns) should be disclosed
12) the following reference (reporting anti-B titer rise in an ABO-incompatible liver transplant recipient with Serratia sepsis) should be cited:

Level of interest: An article of importance in its field

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'