Reviewer's report

**Title:** Progressive and deleterious multifocal cerebral infarction in a young kidney transplant recipient due to thrombotic microangiopathy

**Version:** 1  **Date:** 25 June 2013

**Reviewer:** Guy Neild

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Cerebral infarction due to THROMBOTIC MICROANGIOPATHY

This is an interesting and unusual case with a good Discussion. I have a number of comments and suggestions for improvement.

1. ‘End-stage renal failure of unknown cause’. The key question here is ‘could he have had atypical Haemolytic-Uraemic Syndrome (aHUS) as his primary disease’? There may be some information which makes this very unlikely or, conversely, possible. We need to know his ethnicity, details of his family history (FH), eg siblings, anything to suggest HUS in the family? The most common cause of ESRD would be renal dysplasia – any suggestion he had unequal sized kidneys at presentation?

2. He was receiving erythropoietin with a creatinine of 156 µmol/l. Was he small (wt.?) ; was his eGFR lower than one might guess for a creatinine of 156. Was he chronically haemolysing? Best test for this in HUS is haptoglobin; was this ever measured? why do the authors think he needed Epo?

3. ‘Vasculitis was excluded…’; presumably ANCA performed?

4. What is ASS?

5. ‘undulant avolition’ is a wonderful expression : is this exactly the correct English phrase that the authors mean?

6. What does tsd/µl mean?

7. Cyclosporine levels - please mention method briefly (eg whole blood).

8. ‘loss of vigilance’: is this the correct English phrase? Do you not always lose vigilance when you are blind?

9. Virology: was Hepatitis C excluded. Hep C and cryoglobulinaemia commonly causes a TMA/HUS syndrome.

10. Virology: was HIV excluded?

To be added:

11. Table of lab data; something like this:
X months earlier Admission 4 weeks later xx
Hb
Wbc
Plates
Creatinine
CyA level
etc

12. High quality image(s) of thrombotic microangiopathy histology – preferably from kidney. Was any previous renal histology performed?

13. The current fig 2 can be omitted.