Reviewer's report

Title: Intracranial hypertension presenting with severe visual failure, without concurrent headache, in a child with nephrotic syndrome.

Version: 1 Date: 15 August 2013

Reviewer: Preeti Shanbag

Reviewer's report:

Major compulsory revisions

Abstract

1. The authors are requested to refer to the “instructions for authors” for case reports.
   “The abstract should not exceed 350 words. References and abbreviations should not be used in the abstract.”
   In this case, the abstract runs to 703 words, far too lengthy even for an origin article.

2. The authors recommend surveillance of high risk patients.
   Ophthalmic surveillance is already included in the standard guidelines (including guidelines of the NHS) for follow-up of children with nephrotic syndrome.

3. “The combination of visual failure, without concurrent symptoms in nephrotic syndrome has not been reported previously.”
   The combination of visual failure and what? The sentence could be worded better. For eg. In nephrotic syndrome, visual failure without concurrent symptoms has not been reported previously.
   This statement, however worded is not tenable. There is no evidence to suggest that the ‘nephrotic state’ per se predisposes to pseudotumor cerebri. Earlier case reports of pseudotumor cerebri in nephrotic syndrome have been related to therapy eg. tapering or withdrawal of steroids or use of cyclosporine, both of which were present in this patient.

4. “Following initial response to steroids, she had a critical relapse of her NS; her proteinuria did not resolve on steroid treatment, requiring addition of cyclosporine therapy to manage her NS.”
   The authors are requested to define the term “critical relapse.”

5. 3 years after presentation she has severe visual impairment with no perception of light in her right eye and 6/36 Snellen acuity in the left secondary to optic atrophy.
   Ideally a sentence should not begin with a number. Also the numbers 1 to 10 should be written as words unless they pertain to measurements
Background

1. “Nephrotic syndrome (NS) is characterised by the presence of heavy proteinuria, hypoalbuminaemia, generalised oedema and hypercholestrolaemia [1].”

Currently the definition of nephrotic syndrome does not include hyperlipidemia or hypercholesterolemia.

2. “The majority of children with NS have steroid responsive - so called steroid sensitive NS – and in the absence of any complicating features, "are" treated expectantly with high dose daily steroid therapy.”

3. “Typically a large number of children with NS develop clinical relapse of their NS following initial response to steroids and need increasing doses of further steroids.”

The authors are asked to clarify what they mean by “increasing doses of further steroids” and to please provide a reference for this.

4. “Following initial presentation a small proportion of children with relapsing NS go on to develop steroid dependent NS and often need additional immunosuppressants to manage their NS primarily to reduce the relapsing clinical course and/or to reduce the dose of steroids.”

Please break into two sentences so that it is more readable.

5. The condition and its treatment are associated with significant morbidity and the complications can be fatal.

It is not clear which ‘condition’ the authors are referring to, “nephrotic syndrome” or to “IIH.”

6. “Renal failure, corticosteroids, cyclosporine therapy and cerebral venous thrombosis all contribute to central nervous system complications seen in nephrotic syndrome, which include intracranial hypertension.”

The sentence could be better worded. Eg. In nephrotic syndrome, renal failure, corticosteroids, cyclosporine therapy and cerebral venous thrombosis all contribute to central nervous system complications which include intracranial hypertension.

Case Report

1. “She recommenced treatment with high dose steroid therapy, initially she achieved remission but suffered a further clinical relapse on weaning.”

Please give details so that it is clear what exactly happened.

2. “Again the high dose steroid "where" commenced, however she failed to achieve remission despite 4 weeks of daily oral steroid treatment at 60 mg/m2,
and 3 day of IV methylprednisolone at 600mg/m2.”

Does the author mean “was” instead of “where?”

3. “Her intracranial pressure was reduced to 24 mm H2O and she was commenced on acetazolamide (30mg/kg/day).”

Did the intracranial pressure come down after the lumbar puncture alone or was it subsequent to therapy with acetazolamide. Was acetazolamide added after the intracranial pressure was reduced. Please clarify.

4. “At this time she was on 2.4 mg/kg/day of cyclosporine (trough level of 20 ng/L which was low due secondary to her reduced dose due to her intracranial hypertension), which was therefore titrated up to a target trough level of 100 ng/L”.

Please simplify the sentence.

5. “Her proteinuria resolved with this management alone and did not need to increase her dose of steroid therapy.”

The verb is not in agreement with the subject. I think what is meant is “Her proteinuria resolved with this management alone and an increase in the dose of steroid therapy was not needed.

6. “Acetazolamide dose was increased to 90mg/kg/d and therapeutic LPs were reinstituted "to" bring pressures to between 20 - 25 mmH2O.”

Please add the word “to.”

Discussion

1. “In this report we have presented a case of a child with steroid dependent nephrotic syndrome complicated by severe permanent visual loss associated with intracranial hypertension.”

I believe the patient fits into the classification “late non-responder” rather than “steroid-dependent” going by the details in the case report. It seems that the patient was started on cyclosporine due to non response to steroids and not as a steroid-sparing drug.

2. “Hence, the onset of intracranial hypertension in our child may have been due to these known associations including a hyper-coagulable state, steroid withdrawal, and cyclosporine therapy.”

The basis for this conclusion in this patient is not clear. There is nothing in the history that suggests that the child had a hyper-coagulable state. The patient was in remission from her nephrotic syndrome at the time of presentation with visual loss on both occasions. It seems more likely that intracranial hypertension was related either to withdrawal of steroids or cyclosporine therapy or both.

References
The references are not as per instructions.


General comments:
The manuscript requires extensive revision for language and grammar. I suggest that long winding sentences could be replaced by short simple sentences for better understanding and active voice instead of passive voice. The case report could be more streamlined so that the sequence of events is clear. The discussion could be shortened to exclude items that do not have a direct bearing on the case.

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

**Quality of written English:** Not suitable for publication unless extensively edited

**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.