Author’s response to reviews

Title: Dangerous Drug Interactions leading to Hemolytic Uremic Syndrome following Lung Transplantation

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1) Answer to Reviewer: Panagiotis Dedeilias
Language and structural improvement before its final publishing form has been carried out especially in the presentation of the second case report.

2) Answer to Reviewer: STAVROS SIMINELAKIS
2a) I was a Senior transplant Fellow in Freeman hospital (SpR year 5) at the time that those 2 cases were treated under our service; I am currently a Consultant Cardiothoracic surgeon at the Royal Victoria Hospital, Belfast and this is why the authors are from 2 different institutions
2b) The first patient she developed acute abdomen the 12th post-op day
2c) In both cases following administration of macrolides at standard doses, the trough levels of Tacrolimus was found to be elevated and HUS developed as a matter of 1-4 days
2d) The appropriate Values have been placed
2e) Total bilirubin
2f) Outcome following treatment of case number 1 is in place
2g) Units have been restored
2h) The table is modified and corrected

3) Answer to reviewer: Efstratios Apostolakis
3a) Until 1999 there were 21 cases reported of tacrolimus associated thrombotic microangiopathy. There were no lung transplant cases in this report. There are only 5 cases of Tacrolimus associated HUS in Lung transplantation.
3b) Values of urea etc are in place now
3c) Both case reports have been modified according to reviewer’s suggestions. The first case developed HUS and the diagnosis was made by taking into consideration the uremia, haemolytic microangiopathic anemia with fragmented red cells and thrombocytopenia.
3d) Table is modified as per instructions
3e) References have been placed as per reviewer's instructions
3f) Table and figures have been linked to the MS
3g) There is no knowledge about any association between emphysema and HUS in a background of elevated Tacrolimus levels