Reviewer's report

Title: Vitamin C-induced hyperoxaluria causing reversible tubulointerstitial nephritis and chronic renal failure: a case report

Version: 1 Date: 3 July 2007

Reviewer: Kresimir Galesic

I am familiar with the literature and believe that this case meets one of the 7 criteria for evaluation in the journal: Unreported or unusual side effects or adverse interactions involving medications

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: No

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: Yes

Will the case report make a difference to clinical practice?: Yes

Comments to authors:

To Editorial Team of The Journal of Medical Case Reports

The presented manuscript (Vitamin C-induced hyperoxaluria causing reversible tubulointerstitial nephritis and chronic renal failure, a case report) describes a case of tubulointerstitial nephritis with chronic renal failure in patient who was on oxalate-rich diet, and was taking vitamin C, and also had chronic diarrhea.

The work is a well-presented report, with a good discussion supporting the previous publications.

There are, however, some issues that need to be addressed to the Authors for further the improvement of the quality of the manuscript:

1. The authors should discuss the possible etiopathogenesis of chronic diarrhea in described patient.

2. In the first line of Background the authors wrote «In man, oxalate is an end product of metabolism». Oxalate is also end product of metabolism in women. Thus, it is better to say in humans oxalate is an end product of metabolism.

3. Normal range of laboratory data need to be presented (normal range for each
value especially some of these data, for example Ca 10.4 mg %). In Europe, we usualy express Ca in mmol/L).

4. The renal ultrasonographic findings in this case revealed normal size kidney. This is really unusual because in chronic interstitial nephritis the kidney is always smaller. The authors should discuss this data and give an explanation why the kidneys are of the normal size. The patient described in this article had chronic diarrhea, which could cause an acute renal failure. The patient was dehydrated, his specific gravity of urine was 1020, these data suport that dehydration (chronic diarrhea) could be the possible cause of acute renal failure.

5. In this article myeloma as a cause of hypercalcemia was excluded by serum and urine protein electrophoresis. Electrophoresis of urine and serum protein is not enough for diagnosis of light chain disease (type of myeloma). Imunoelectrophoresis, and bone marrow biopsy are needed for diagnosis of this type of myeloma.

Yours sincerely Zagreb, July 5th 2007
Kresimir Galesic MD, PhD

What next?: Revise and resubmit

Quality of written English: Acceptable