Author's response to reviews

Title: Toxic Shock Syndrome responsive to Steroids

Authors:

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Author's response to reviews: see over
Dear Editorial Team

re: MS: 8098048421248802
    Toxic Shock Syndrome responsive to Steroids,
    Nikhil Vergis and David A Gorard

We are grateful to the reviewers and their comments and now respond:

A) In response to reviewer Michael Kidd:

This reviewer seems satisfied with the manuscript and recommends no specific changes.

B) In response to reviewer Frank Domino:

1) The origin of the infection was never identified. A pelvic examination was indeed performed, a few days after admission – this examination was normal. We have now mentioned this important examination in the text. Cultures of blood, throat swabs, skin swabs and a high vaginal swab all failed to identify the origin of infection. This is mentioned in the text. A further episode of TSS in this same patient may indeed be a possibility.

2) The dermatology consultation agreed that the skin condition was consistent with TTS. Supportive treatment was recommended – a comment to this effect now added in the text. No specific antibiotic recommendation was made at this point since the patient was receiving empirical broad-spectrum antibiotics, and no bacterial pathogens had been grown from blood cultures. In addition to repeated blood cultures being sterile, all throat, skin and high vaginal swabs similarly yielded no growth. This is emphasised in the text. There was no need to cover MRSA at this point.

3) The decision to start corticosteroids was rather empirical but not totally novel. A retrospective analysis of patients with TSS concluded that corticosteroid therapy may be of benefit (Todd et al JAMA 1984; 252: 3399–3402) but there are no controlled data to support this practice and recent reviews typically state that corticosteroids are of no proven benefit in TSS. We have now added to the manuscript some further detail and the aforementioned reference regarding the decision to give our patient corticosteroids. Hopefully this helps explain the treatment rationale.

Yours faithfully

Dr DA Gorard  MD FRCP