Reviewer's report

Title: Case report: Scleroderma with crescentic glomerulonephritis

Version: 5 Date: 7 November 2007

Reviewer: PETER HEWINS

I am familiar with the literature and believe that this case meets one of the 7 criteria for evaluation in the journal: An unexpected association between diseases or symptoms

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

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:

General
This manuscript is much improved.

Revisions necessary for publication

1) I do not agree with the statement that 'pulse methyl prednisolone .... can be considered the standard of care' for crescentic GN. In lupus nephritis (classes iii and iv), ANCA-associated GN and anti-GBM nephritis, for example, there is clear evidence that steroid only therapy is inadequate and additional therapy is needed. Cyclophosphamide is widely used and in the cases of anti-GBM nephritis and ANCA-associated GN with severe renal failure, plasma exchange would be the standard of care. For lupus nephritis, mycophenolate may be an alternative to cyclophosphamide. The text should be amended accordingly.

2) Moreover, recovery from dialysis dependent renal failure is possible (particularly for ANCA and lupus nephritides) and histopathological changes are often patchy. Accordingly, the statement that 'She did not respond to Methyl prednisolone also probably due to the presence of fibrous and fibro cellular crescents' is one which could be misinterpreted and should be amended. With
the benefit of hindsight, a trial of additional immunosuppressive therapy would probably be have been appropriate.

3) I would interpret the histopathology and immunofluorescence as suggesting a immune complex mediated disease - it would be appropriate to indicate this. I would still contend that the features and consistent with a lupus nephritis. If serum C3 and C4 levels were assayed, these should be recorded. If the authors consider that the pathologic findings some other particular etiology, they should state this.

4) I recommend that the authors make specific reference to HCV associated MCGN. It is important to be mindful of HCV (and other infectious) causes of crescentic GN particularly in the context of features an of immune complex disease and before considering immunosuppressive therapy. In this particular case, the absence of purpura and other extra-renal manifestations, together with the absence of endoluminal thrombi make a cryoglobulinemic GN less likely but these are not invariably present. It would be worth noting if the patient were rheumatoid factor +ve or had abnormal liver enzyme levels.

What next?: Accept after minor revisions

Quality of written English: Acceptable