Reviewer’s report

Title: Case report: Scleroderma with crescentic glomerulonephritis

Version: 5 Date: 27 November 2007

Reviewer: Andrew Short

I am familiar with the literature and believe that this case meets one of the 7 criteria for evaluation in the journal: Unexpected or unusual presentations of a disease

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:

General: The authors have addressed many of the points raised. However it is not possible for them to determine whether the acute renal insult reported is due to ANCA related vasculitis because they do not have access to the techniques. Specialists in Nephrology and Rheumatology will be sceptical of the claim that this is a rare manifestation of scleroderma rather than a possible and much more recognised ANCA related vasculitis. The authors do acknowledge this to some extent. The immune staining is interesting and does lend some support to the authors claim. The presence of a crescentic nephritis requiring specific treatment different from that used for a scleroderma renal crisis is important and it would be appropriate to highlight this in a general journal. Recognising the possibility of alternative pathology and investigating appropriately is crucial in these complex diseases. I feel this should be the emphasis of the paper and then it can be published.

Specific:

1) The authors use mg/dl for creatinine on page 3 and umols/l on page 4.

2) Doppler study of native renal arteries is inadequate in our experience for excluding renal artery stenosis.
Revisions necessary for publication: A slight change of emphasis to highlight the different causes of renal disease in scleroderma and the need to determine by appropriate investigation which is present in any individual patient.

What next?: Accept after minor revisions

Quality of written English: Needs some language corrections before being published