Author’s response to reviews

Title: Dissemination of Strongyloides stercoralis in a patient with systemic lupus erythematosus after initiation of Albendazole: a case report

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Dear Editor(s):

I am hereby submitting the revised copy of “Dissemination of Strongyloides stercoralis in a patient with systemic lupus erythematosus after initiation of Albendazole: a case report” for your consideration. We appreciate the reviewer’s comments and have included changes within the manuscript to reflect their recommendations. A response to reviewer’s comments is included below. Should you have any questions please do not hesitate to contact me.

Yours truly,

Catherine Hunter, M.D.

Response to reviewers

Response to Mark Pietroni:

Thank you for your comments.
Comment 1: Modification of title and abstract to include the diagnosis of SLE:
Response: This change has been implemented.

Comment 2: Inclusion of drug doses in the abstract.
Response: These modifications have been made in accordance with the recommendations.

Comment 3: Confusion regarding timing of albendazole therapy.
Response: This has been modified to accurately reflect the timing of events.

Response to Ning Tang

Thank you for your comments.
Comment 1: The laboratorial process and test method of stool examination (including single or consecutive stool specimens) and strongyloidiasis diagnosis
not stated (such as microscopic examination; immunological tests; indirect immunofluorescent assay; serologic testing, standard direct smear of Beaver, or others), during respective treatments by albendazole and ivermectin.

Response: Consecutive stool samples were collected, and both serologic and immunologic tests were performed. The manuscript has been modified to reflect these inclusions.

Comment 2: Detection of sputum samples not affirmed. Laboratory findings and clinical manifestations of case report are not very sufficient.

Response: We have expanded the case report to include a fuller description of the tests that confirmed the diagnosis of strongyloides. The pathology images that are included also clearly confirm the diagnosis.

Comment 3: The sensitivity of fecal examination and diagnosis not discussed.
Response: The manuscript has been modified to include a discussion of this issue.

Comment 4: The therapy dosage of albendazole and ivermectin not described.
Response: Doses are now included.

Comment 5: Because of difference of albendazole treatment duration (only 3 days) and ivermectin treatment duration (10 days), the significant difference of albendazole and ivermectin clinical efficacies in the case report lacks of full evidence and needs to be examined further.

Response: The differences in the duration of treatment were due to the dissemination of disease seen after initiation of albendazole. It would not have made therapeutic sense to continue an apparently ineffective agent. The duration of ivermectin was indeed longer, but was also successful in the face of disseminated disease after failure with albendazole. This case report does not seek to study a head-to-head analysis of albendazole vs ivermectin, but simply serves to demonstrate that ivermectin may be a more successful drug even after failure of albendazole.

Comment 6: Lack of statement of the limitations of the case study.
Response: A statement to this effect has been included.

Thank you for your comments. We hope that the modifications that we have made meet the standards and requirements for publication. Should any further additions be required, please do not hesitate to contact me.