Reviewer's report

Title: Henoch-Schonlein purpura with intracerebral haemorrhage in an adult patient: a case report

Version: 4 Date: 24 February 2008

Reviewer: Alastair Ferraro

I am familiar with the literature and believe that this case meets one of the 9 criteria for evaluation in the journal: Unexpected or unusual presentations of a disease

Has the case been reported coherently?: No

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?: No

Is the anonymity of the patient protected?: Yes

Comments to authors:

The report describes an aggressive case of Henoch Schönlein Purpura with associated severe renal disease, and a neurological event. Treatment was initially faltering (due to intolerance of medication), but ultimately successful and largely consistent with previously published work.

It seems strange that unspecified GI side effects required the cessation of apparently effective steroid therapy. Perhaps H2 blockers or PPIs were also contraindicated but this is not specified.

Similarly, given the adverse clinical features it is surprising that the BP was not controlled more aggressively (before the CVA).

The notable elements of the case are 1) the severity, but ultimate reversability, of the renal disease, and 2) the associated CVA.

The case presentation could be substantially strengthened by greater reporting of other investigations and clinical features. These are listed in order of priority:
Serology to exclude other causes of cerebral vasculitis e.g. ANCA- and SLE-disease.
Clotting and full blood count tests to exclude other causes of cerebral haemorrhage.
Changes in proteinuria during and after treatment.
Presence or absence of persistent haematuria.
The presence or absence of any other past medical history (or cerebro-vascular risk factors, or evidence of chronic hypertension).
Tests to exclude malignant hypertension at the time of the CVA (if available)
ASO titres (if available)

In the discussion, the authors consider the contribution of the hypertension to the subsequent CVA. This seems plausible. The additional explanation for ‘the increased risk of haemorrhagic complications in HSP’ seems less strong. Whilst there are indeed other reports (as referenced) of haemostatic abnormalities in HSP, there is no evidence provided that such factors were present in this case. My understanding for the range of bleeding seen in cases of HSP is simply the presence of vasculitis and inflammation in varying tissues. A localised cerebral vasculitis could thus account for the CVA reported, and this possibility ought to be discussed.

Other minor details and typographic errors:
In at least two places Urinary protein to creatine RATION (should be ratio) is written.
In the case report the renal biopsy histology was 'compatible with Henoch-Schonlein purpura'. 'Nephritis' is presumably intended. Later "HSP nephritis" is described. I'm familiar with the phrases HSP, and HSN, in accordance with at least some textbooks.
In the authors contributions .....AJW revised and help[ed] to write the manuscript.

What next?: Accept after minor revisions

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