Reviewer’s report

Title: Tacrolimus toxicity from tibolone co-administration: a case report

Version: 1 Date: 29 March 2010

Reviewer: Robert Page

Which of the following best describes what type of case report this is?: Unreported or unusual side effects or adverse interactions involving medications

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

Does the case report have explanatory value?: Yes

Will the case report make a difference to clinical practice?: Yes

Is the anonymity of the patient protected?: Yes

Comments to authors:

I have reviewed carefully the manuscript submitted by Drs. Clark and colleague. Overall this is a well written case report and fairly well documented. I have the following comments for the authors

Page 1. Title: Since this is a “probable” interaction I would recommend changing the title to: “Probable Tacrolimus Toxicity Co-administration: A Case Report”


Page 3. Introduction: There needs to be a transition between comments regarding tibolone and the statement of your case. Perhaps the tie in should be the incidence of osteoporosis in kidney transplant recipients and the use of agents such as tibolone.
Page 4. Case report. Second paragraph. The authors mention that the only change to her medications was tibolone but in the paragraph above the patient was taking cyclosporine at some time and was switched to tacrolimus. On her presentation, I would provide all of the medications with doses and her allergies to medications for completions. At our instition, most of our kidney transplant recipients are on a statin and/or a blood pressure medication, which she wasn’t receiving.

Page 4. Case report. Second paragraph. Please provide all baseline labs (serum glucose and creatinine specifically) and baseline tac levels. Please provide tac doses.

Page 6. Conclusions. Based on your case, how often should tac concentrations be monitored? Should the dose of tac be cut initially as is done when adding diltiazem.

Declaration of competing interests:

I have no conflict of interests to disclose.