Author's response to reviews

Title: Severe refractory autoimmune hemolytic anemia with both warm and cold autoantibodies: complete response to Rituximab

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Version: 4 Date: 13 August 2010

Author's response to reviews: see over
Dear Editor

Sub: Manuscript revision for MS: 7623694637727906, Severe refractory autoimmune hemolytic anemia with both warm and cold autoantibodies: complete response to Rituximab

We would like to thank you for considering our paper for publication in your journal and for the excellent critique provided. We have incorporated all the recommended changes and hope that our paper will be accepted for publication.

These are the changes recommended and the actions taken.

1) Page 2 states “Rituximab, continued for a total of four weeks, led to complete resolution of hemolytic anemia and associated symptoms” whereas on Page 5 it is reported that “.....our patient was placed on rituximab therapy at a dose of 375 mg/m2 every week. A total of four courses were administered”. Assuming patient did in fact receive 4 doses of Rituximab then treatment presumably took 8 week, therefore amend page 2 to "Four doses of Rituximab, administered over 8 weeks, led to complete resolution of hemolytic anemia and associated symptoms".

The patient was given four weekly doses of Rituximab and this has been re-worded to read better on page 5 of the manuscript.

2) Page 6 state "The nephropathy noted on renal biopsy can be seen in normal patients but it could have been secondary to the steroid induced diabetes that our patient developed during hospitalization." Diabetic nephropathy does not develop acutely; this is not a credible explanation. The report should be amended to "nodular glomerulosclerosis may be idiopathic or secondary to diabetic nephropathy, immunotactoid GN, fibrillary GN, cryoglobulinemic GN, amyloidosis, light chain deposition disease (LCDD) or heavy chain deposition disease (HCDD). The cause in this case is unclear, however, the autoimmune disorder that caused the AIHA might also been a precipitating factor for the renal findings."

The sentence has been re-written as advised.

3) The authors should state whether the patient received antihypertensive medication, specifically an ACE inhibitor or ARB following diagnosis of nodular glomerulosclerosis since this would be pertinent to the reduction in proteinuria.
Our patient received a beta blocker and calcium channel blocker and this has been added in the manuscript.

We appreciate all the comments and the recommended changes.

The changes have been added into the manuscript.

We would like to thank the reviewers for their comments and observation.

We look forward to the final decision regarding our submission.

Thank you
Shilpi Gupta.