Author's response to reviews

Title: A case of Polyarteritis Nodosa limited to the right calf muscles, fascia and skin

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Version: 3 Date: 3 July 2011

Author's response to reviews: see over
Dear Editor

In relation to the beer review of our article I want first to thank all the three reviewers for their valuable comments and advice. We made some amendments to the article according to the reviewer's advice. We are also going to explain some points raised by the reviewers. We will put the amendments and explanations in points. The changed phrases in the article will be in red colour and underlined. We wish all points are covered well and looking forwards for the manuscript to be accepted for publication.

The points are as follows:

- References: We changed the display of the references in order. We also adjusted the References according to international rules. The two References suggested by the 1st reviewer were added.

- The schedule of the glucocorticoid injections is added as well as the dose of azathioprine.

- The result of the CXR is added

- MRI description is amended as per the 2nd reviewer’s advice. Figure legend is also amended accordingly.

- Despite the localized nature of this condition CRP and ESR were recognized to be elevated in other similar cases (see reference number 10). Still progression to systemic PAN can not be entirely excluded and we added that long term follow up may be advisable.

- We added that "Cutaneous changes could be secondary to tissue remodeling and edema due to the subjacent inflammatory process" as suggested by the second reviewer.

- Histological changes in Polyarteritis nodosa involve small or medium-sized artery (Refer to The American College of Rheumatology 1990 criteria for the classification of polyarteritis nodosa, Arthritis Rheum 1990;33:1088---93). Also typical Histological changes like our case were described at other similar cases of PAN limited to the calf muscles.

- Regarding further follow up suggested by the third reviewer, we added that "The patient showed no signs of recurrence or progression to systemic polyarteritis nodosa more than one year after finishing treatment".
• We agree with the third reviewer that comparison with other limited forms of PAN is a good idea and we added "Interest in these forms is based on their prognosis being, in general, more benign and their quick response to corticosteroids alone\textsuperscript{2}.

We hope that all points have been well clarified. If there is any further issue, please do not hesitate to contact me and I will do my best to quickly and efficiently respond to your queries.

Yours sincerely

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