Author’s response to reviews

Title: Development of Buffalo Hump in course of antiretroviral therapy including raltegravir and unboosted atazanavir: a case report and review of the literature.

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Author’s response to reviews: see over
Cover letter

We thank the editor and referees for the assessment of the work. In this cover letter we review our manuscript according to the instructions and advice of the referees.

Best regards
Giancarlo Ceccarelli

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Development of Buffalo Hump in course of antiretroviral therapy including raltegravir and unboosted atazanavir: a case report and review of the literature.

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- The authors should tone down the mention in the summary and discussion to the knowledge about which specific drugs causing preferentially the appearance of buffalo hump. Although it is generally assumed that drugs eliciting most of the other symptoms of lipodystrophy are also more prone to cause buffalo hump, a clear-cut picture is lacking, so this aspect is better to be toned down across the manuscript.

R: We modified the text as follows:

Summary: “Current data indicate that the etiology of HIV-associated Buffalo Hump remains elusive but is likely multifactorial; a possible contributing cause, but not the main, could be exposure to antiretroviral drugs.”
Discussion: “Current data indicate that a possible contributing cause, but not the main, could be exposure to antiretroviral drugs:”
“Previous reports, however, indicated that the appearance of ‘buffalo hump’ could not be associated with any specific component of HAART regimes and that is associated with specific disturbances in gene expression of adipose tissue. [4, 5]”

References

- Second, the authors should discuss the report without excluding the possibility that the long previous treatment of the patient with antiretroviral drugs prone to contribute to lipodystrophy, such as stavudine, could constitute a background that contributes to the final appearance of buffalo hump after raltegravir + atazanavir treatment. In other words, the report cannot be discussed as if the patient was a naïve patient developing buffalo hump after initial treatment with raltegravir + atazanavir. It would be advisable to modulate the discussion in this sense.
“At the moment the patient was not in therapy with antiretroviral drugs that are described as cause of Buffalo Hump; on the other hand she developed this side effect three months after the switch of the antiretroviral therapy to RAL plus unboosted ATV. A caveat of this report is that the patient had a history of exposure to antiretroviral drugs (Zidovudine, Stavudine, Indinavir) associated with the development of Buffalo Hump. This condition may have predisposed the patient to develop the disorder and could constitute a background that contributes to the final appearance of buffalo hump after raltegravir plus atazanavir treatment. Current data indicate that the etiology of HIV-associated Buffalo Hump remains elusive but is likely multifactorial and includes, metabolic disorders, genetic factors, receipt of ART and HIV infection itself [12].”