Author's response to reviews

Title: Multiple ring-enhancing cerebral lesions in systemic lupus erythematosus; a case report

Authors:

Thashi Chang (thashi.chang@gmail.com)
Chaturaka Rodrigo (chaturaka.rodrigo@gmail.com)
Nuwan Ranawaka (nuwan.rk@gmail.com)
Inoshi Atukorala (inoshi.atu@gmail.com)

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Author's response to reviews: see over
Changes made to the original manuscript.

Dear editor and reviewers,

Thank you for reviewing, and for the valued comments. They were most helpful in improving this manuscript and we have attended to all the queries raised by you.

In line with the reviewer’s comments, we have made the following changes

Comments are in **bold letters** and our responses are in normal font. In numbering the pages, the title page is taken as 1.

The changes in the manuscript are highlighted in yellow.

**Reviewer 1**

The authors have presented an interesting and important potential complication in the course of treating an immunosuppressed patient for cerebral tuberculoma. The report is engaging, concise and well written.

I think it would be helpful to readers to include the dose of steroids at the time of initiating anti-tuberculous therapy, the dose when the patient deteriorated and the increased dose following the deterioration with the regime for subsequent steroid taper.

Done. Highlighted in case presentation. The tailing off of steroids were adjusted according to the symptoms of the patient and therefore it was not a smooth process (case presentation paragraph 4).

Depending on space issues in the journal the number of figures could be reduced to one pair of matched before and after treatment MRI sections without reducing the impact of the message.

Done.

**Reviewer 2**

The authors should refer to and cite the Cochrane review on the use of corticosteroids in tuberculous meningitis. Although the authors focus on the tuberculomata, they also describe features consistent with tuberculous meningitis. Prasad K, Singh MB. Corticosteroids for managing tuberculous meningitis. Cochrane Database of Systematic Reviews 2008, Issue 1. Art. No.: CD002244. DOI: 0.1002/14651858.CD002244.pub3

Done.

It is not clear whether patient had received any immunosuppressive rx other than steroids and MMF prior to presentation - this should be made explicit
She was not on any other immunosuppressants. This fact is now mentioned (Case Presentation, Paragraph 1)

Details of steroid Rx at presentation and thereafter including specifically the increased steroid Rx initiated after the deterioration should be included

Done. Please see response to reviewer 1

Remove reference to promiscuity - this is a perjorative term. It is more appropriate simply to state that there was no relevant sexual history

We agree and it is changed as suggested (Case presentation, Paragraph 1)

The phenomenon describe is usually referred to a 'paradoxical reaction' to anti-tuberculous therapy. It would be useful for the authors to adopt this terminology

Done (Case presentation, paragraph 4)

Reference [8] does not appear to be a peer reviewed publication and is only accessible by paid subscription. There are various more readily accessible descriptions of paradoxical reactions to ATT which would be a better choice - these include a previous paper in this journal Yoon YK et al Journal of Medical Case Reports 2009, 3:6673 doi:10.1186/1752-1947-3-6673

Thank you for this reference. We have cited the new reference and removed the previous one

Reviewer 3

The focus of this case, as indicated in the title is the development of an atypical CNS infection- TB meningitis and tuberculoma in an immunosuppressed patients with SLE- however detail regarding the immunosuppression history and lupus history and subsequent management of the lupus is lacking, it would be useful to provide these details to understand cumulative immunosuppressive load as well as any issues with SLE management

We agree and the relevant details are now provided (Case presentation paragraph 1 and 4)

The authors argue that their use of prolonged high dose steroids was beneficial for the CNS TB, but did not provide detail of the regimen used or rationale. Nor were details of the anti TB regimen provided. Again these details are important

The details of steroid doses are now mentioned (please see response to other reviewers). The details of anti TB therapy is also mentioned

A little more detail on the social and contact history would help put this case into context

There was no contact history of TB and this is mentioned. Her husband works in Italy and basically has abandoned her. She has one child and currently being taken care by the maternal grandmother. There was a history of unprotected intercourse with husband when he returned a few years ago but the
patients HIV screen was negative. She has poor financial support and living under trying circumstances. However, we think these details are too personal to be included in the manuscript and would not be in patient’s best interest if published.

**Given the lack of microbiological confirmation of the diagnosis were further repeat brain scans planned to confirm continued resolution of lesions? And how extensively was the patient screened for TB- e.g. was a CT chest/abdomen performed, were urine cultures performed. Were serial CSF samples taken?**

Repeat scanning (MRI) is planned after completion of 18 months of therapy. So far MR imaging has been done three times which shows a progressive reduction in the number of lesions. CT chest and abdomen were normal (apart from hepatomegaly) and urine for AFB was negative. Serial CSF were not done as some lesions were in the posterior fossa

**How was the hepatomegaly explained?**

We cannot explain hepatomegaly in context of this clinical scenario though tuberculosis of liver is a possibility. Other possibility is fatty liver. There were no clinical features to suggest autoimmune hepatitis. The imaging of liver did not reveal any duct dilatation or focal lesions

**erythematous spelt erythematosis**

Changed as suggested

**Editor’s Comments**

Please include the study design in your title, i.e. Case report. For example: A presenting with B in C: a case report

Done

Please include the ethnicity, sex and age of the patient in the abstract

Done

Please restructure the author’s contribution section

Done

Please include the patient’s ethnicity in the Case Presentation section. The Case Presentation should present all relevant details concerning the case.

Done

Thank you

Thashi Chang