Reviewer’s report

Title: A rare case of Hepatitis C virus associated polyarteritis nodosa

Version: 2 Date: 20 June 2012

Reviewer: Mårten Segelmark

Which of the following following best describes what type of case report this is?: Findings that shed new light on the possible pathogenesis of a disease or an adverse effect

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?: No

Is the case report persuasive?: Yes

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: Yes

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

Is the anonymity of the patient protected?: Yes

Comments to authors:

This is an interesting case report dealing with the multitude of clinical presentations of autoimmune phenomena associated with Hepatitis C. This patient clearly had vasculitis and the relationship with the hepatitis is very probable. However, I don’t agree that a diagnosis of PAN has been made.

Major remarks:

1. The authors use the term PAN in the title and classify the patient using the ACR criteria. In the text they use the term cPAN which stems from the Chapel Hill Consensus Conference (CHCC) nomenclature. ACR PAN is different from CHCC cPAN. Today the Chapel Hill Consensus Conference (CHCC) nomenclature has gained world-wide acceptance, and the ACR classification criteria developed before 1990 must be considered as obsolete. According to the
CHCC document PAN is a pauci-immune vasculitis. In this case there are no immunofluorescence data presented, but there are signs of complement consumption, which very much speaks favor of immune-complex mediated pathology. Furthermore according to CHCC PAN is a disease primarily engaging medium size vessel, the biopsy in this case revealed leucocytoclasis, a feature rather suggesting small vessel vasculitis. There is also a finding of a positive p-ANCA test. There is no mentioning of MPO- or PR3-ANCA ELISA test results. p-ANCA alone could be an unspecific finding, which does not preclude a diagnosis of PAN, but it’s presence is another indication in the direction of small vessel vasculitis. In brief, there are several indications of small vessel vasculitis. In order to make this case report suitable for publication the diagnostic terms must be changed. For more information concerning vasculitis classification and PAN please see:


2. There is very short follow-up in this case. In autoimmune vasculitis it is common with relapses, especially if no maintenance therapy is given. In hepatitis associated vasculitis, on the other hand, it is rare with relapses after administration of anti-viral therapy. An event free follow-up would very much strengthen the case that this really HCV associated.

Quality of written English: Acceptable

Declaration of competing interests:

I declare that I have no competing interests.