Author's response to reviews

Title: Hydralazine-induced ANCA-positive renal vasculitis presenting with a vasculitic syndrome, acute nephritis and a puzzling skin rash: a case report

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Author's response to reviews: see over
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The Journal of Medical Case Reports Editorial Team,

Journal of Medical Case Reports
c/o BioMed Central,
236 Gray’s Inn Road,
London WC1X 8HB
United Kingdom

Dear Editorial Team,

Re: MS: 8411847838150461 - A puzzling rash associated with hydralazine-induced ANCA-positive renal vasculitis.

The manuscript has been revised (changes are in red) in response to the comments given by the peer reviewers and our response is given below.

Reviewer comment: Please format your title to follow the structure: A presenting with B in C: a case report

- Response: The title of our manuscript has been revised to “hydralazine-induced ANCA-positive renal vasculitis presenting with a vasculitic syndrome, acute nephritis and a puzzling skin rash: a case report.”

Reviewer comment: Please include the ethnicity of the patient in the case presentation section of the manuscript.

- Response: The patient’s ethnicity (Caucasian) has been included in the case presentation section of the manuscript.

Reviewer comment: Please place the keywords after the abstract.
- Response: Keywords have been moved after the abstract.

Reviewer comment: Please replace the term ?woman? with ?female?.

- Response: The term ‘woman’ has been replaced with ‘female’.

Please revise the consent statement to confirm that informed written consent was received for publication of the manuscript and figures.

- Response: The consent statement has been revised to ‘written informed consent was obtained from the patient(s) for publication of this manuscript and accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal.”

- Comments and issues given by Gaurav Gupta has been addressed below:

Reviewer comment: The authors need to report ‘immunofluorescence staining’ findings of the renal biopsy performed on this patient.

- Response: Immunofluorescence staining of the renal biopsy specimen revealed mild mesangial deposition of IgM and traces of mesangial C3, in other words, ‘pauci-immune’. This finding is consistent with ANCA-associated vasculitis.
- **Reviewer comment:** I would like to know about the long-term follow-up of this patient. How was her immunosuppression managed post-discharge?

Response: The follow-up arrangements and management of the immunosuppressive regimen post discharge consisted of a fortnightly to monthly outpatient review with repeat blood tests, a taper down of the steroid dosage as per the EUVAS protocol and a regimen of mycophenolate mofetil for six months.

Comments by Mirela Dobre have been addressed below:

- **Reviewer comment:** It will greatly increase the quality of the paper if the authors will conduct a literature review of other few cases of Hydralazine induced ANCA + pauci-immune glomerulonephritis that presented with a rash.

Response: A literature review of other cases of hydralazine induced ANCA-positive pauci-immune glomerulonephritis that presented with a rash revealed similar findings to our initial literature search and a table detailing known hydralazine-associated ANCA-positive pauci-immune glomerulonephritis and the clinical manifestations has been created.

- **Reviewer comment:** Mane and nocte are not standard abbreviations and would spell out their meaning.

Response: Abbreviations of mane and nocte have been adjusted to ‘morning’ and ‘night.’
Reviewer comment: It would be important to specify the time interval when the repeat blood/urine tests were done.

Response: The time interval of significant repeat blood and urine tests were on day 17 after presentation and this has been inserted into the manuscript.

Reviewer comment: What was patient baseline creatinine? This would be important to know on a patient with resistant hypertension, and factor V mutation.

Response: The patient’s creatinine was checked on admission with recent creatinine results and from two years ago and has remained at baseline.

Reviewer comment: Would include measurements units for all urinary and blood markers mentioned in the text.

Response: All urinary and blood markers have the measurement units added.

Reviewer comment: How long was the duration of treatment and the dose for mycophenolate mofetil and prednisolone?

Response: This patient was commenced on 1g twice daily of mycophenolate mofetil for six months and she was commenced on a tapering dose of prednisolone as per the EUVAS protocol.
- Reviewer comment: On page 5, the reference to figure 2 is made in a phrase that discuss about the skin rash, when in fact Figure 2 is a microscopic image of the skin biopsy. It would be good to include in the discussion about skin findings, the differences between this case and Sweet Syndrome.

Response: The discussion section has been updated with differences between the skin rash in the case and that expected in Sweet’s Syndrome.

Yours Sincerely,

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