Author's response to reviews

Title: Rheumatoid arthritis and primary biliary cirrhosis a rare association treated with rituximab : a case presentation

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Author's response to reviews: see over
Response to reviewer’s comments

Comments to authors (1):

- The purpose of this article is the new treatment of overlapping diseases
- The histological findings of the biopsy: revealed signs of non suppurative cholangitis without fibrosis or cirrhosis
- Serological tests were negative for hepatitis B and C
- The dose of MTX used for the treatment of RA is truly low: because alteration of the liver function
- Other DMARS have no effect on the CBP
- The titers of anti-mitochondrial antibodies remained positive same after treatment with rituximab
- In conclusion of the abstract: it is the lymphocyte B appears to have a role in the pathogenesis of RA and the CBP.
- References are corrected in the manuscript

Comments to authors (2):

The frases is revised in manuscript

II-Formatting changes:

- I replaced the term a case report with a case presentation
- I replaced the term rituximab with the B cells in the abstract.
- I include frases in manuscript:
  + The liver biopsy pathology revealed signs of non suppurative cholangitis without fibrosis or cirrhosis
  + Serological tests were negative for hepatitis B and C
- The frases revised:
  + During infliximab treatment we observed a poor clinical response and persistence of liver function test abnormalities. After infliximab interruption the levels of alkaline phosphatase dropped and had nearly reached normal values when etanercept was started.
  + This case shows that etanercept has maintained liver enzymes within normal and controlled arthritis during follow-up of 30 months compared with infliximab
- References are corrected