Reviewer's report

Title: Anaphylactic Reaction to Intravenous Corticosteroids in the Treatment of Ocular Toxoplasmosis: a case report

Version: 1 Date: 24 September 2013

Reviewer: Ricardo Jorge Paixao Jose

Which of the following best describes what type of case report this is?: Unreported or unusual side effects or adverse interactions involving medications

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?: No

Does the case report have diagnostic value?: No

Will the case report make a difference to clinical practice?: No

Is the anonymity of the patient protected?: Yes

Comments to authors:

As mentioned by the authors, anaphylaxis to corticosteroids is rare but has already been described in the literature by various case reports. I also fail to see if the importance of this case report is on the anaphylactic reaction to the corticosteroids or the management of ocular toxoplasmosis with a vitrectomy.

Comments:

1. “On the fourth day of hospitalisation, she received an additional 100 mg prednisolone-21-hydrogensuccinate (Solu-Decortin®H) intravenously”. If this was additional, when and how much prednisolone did she previously receive?
2. The diagnosis is of anaphylaxis, a life-threatening medical emergency, yet the
patient is treated only with an anti-histamine (?route) which I suspect was given orally. She was then transferred to intensive care – what treatment was given? Why did she not receive IM epinephrine or intravenous fluids? How long did it take for the symptoms to resolve? Was the rash pruritic (ie. was it urticaria)?

3. Were serum tryptase levels measured to assist with the confirmation of an anaphylactic reaction?

4. Does the patient have a history of previous steroid use and has she ever developed any adverse reactions to these?

5. The skin prick test was positive for prednisolone but the intradermal test was negative - the difference in these results needs to be explained in the discussion.

6. The authors state in the discussion that they “advice allergological testing of the most frequently administered corticosteroids and of all other components of the administered formulation”. Does Solu-Decortin®H contain preservatives? Could the anaphylaxis have been due to one of the preservatives rather than the steroid itself?

7. A figure of the results of the skin prick tests with the positive wheals would have been good in this case.

8. It isn’t clear if the skin prick test was positive at 15 min or only at 24 h? If only at 24 h, an immediate hypersensitivity reaction is unlikely.

9. As the skin prick test was positive for prednisolone and methylprednisolone but not other corticosteroids such as hydrocortisone, why was a challenge test not performed with an alternative agent? The authors do conclude that allergological testing should be done to “identify other corticosteroids that are safe for future anti-inflammatory treatments”. However, they have failed to not follow their own advice or to at least discuss the pitfalls of negative skin prick tests in patients with clinical anaphylaxis.

Quality of written English: Needs some language corrections before being published

Declaration of competing interests:

I declare that I have no competing interests