Reviewer’s report

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

Version: 1 Date: 26 September 2013

Reviewer: Chris Rutkowski

Which of the following best describes what type of case report this is?: An unexpected event in the course of observing or treating a patient

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?: Yes

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

Is the anonymity of the patient protected?: Yes

Comments to authors:

This short case report discusses a rare example of a corticosteroid-induced anaphylaxis. It is a potentially fatal allergic reaction which requires prompt recognition, urgent treatment with adrenaline and relevant follow-up arrangements (drug allergy clinic).

There are multiple concerns which need to be addressed before this manuscript can be considered for publication.

1. there is too much emphasis on the treatment of ocular toxoplasmosis, which is well know and not enough on anaphylaxis to steroids (a rare phenomenon)
2. reference list includes no papers relating to steroid anaphylaxis
3. statements in text are not supported by any references ('anaphylaxis to steroids
in uncommon', 'only 40 cases described in literature' etc)

4. many details are missing: time of onset of reaction; BP and HR value etc

5. hyperthermia is not a feature of anaphylaxis; was there concurrent infection other than OT?

6. if patient was truly hypotensive why did she receive antihistamines only but no adrenaline and iv fluids?

7. she was hypotensive so why was a photograph taken (fig 3) in an upright position? hypotensive patients are usually too week to stand/walk especially during an anaphylactic episode;

8. why was she transferred to ITU?

9. what were the concentrations of steroids for skin testing; what dilution was used for intradermal testing; who performed and interpreted those tests?

9. Coopman classification (BJD 1989) applies to topical steroids and contact dermatitis but it of doubtful value in reactions to systemic steroids (Venturini JIACI 2006)

10. discussion - far too much on OT, not enough on anaphylaxis to steroids

11. why was SPT solution left in place for 5 minutes after puncture? erythema at the puncture site is not the most important sign - wheal is; why are methods in the the discussion section?

12. what does: 'no standardized technique to detect antibodies' mean?

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

Declaration of competing interests:

I declare that I have no competing interests