Reviewer's report

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

Version: 2 Date: 31 October 2013

Reviewer: Ricardo Jorge Paixao Jose

Which of the following 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?: No

Does the case report have explanatory value?: Yes

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:

This is an interesting case and reminds clinicians that they can have an anaphylactic reaction to any drug including those used in the treatment of anaphylaxis such as corticosteroids. This case reports the workup of investigations for the allergic reaction to corticosteroids and highlights important points. However, I’m uncertain that this case demonstrates true anaphylaxis. There is a temporal relationship between giving the drug and the symptoms that suggest an immediate hypersensitivity reaction but you do not support this diagnosis with any investigations. I understand that it is a clinical diagnosis but the patient wasn’t treated as a suspected patient with anaphylaxis as IM adrenaline wasn’t administered for a patient that was haemodynamically unstable and in respiratory distress. Additionally, no typtase levels confirm the suspicion of
anaphylaxis and the skin prick test was a delayed reaction (>24 h).

For publication, I think that in your manuscript it needs to clearly state that adrenaline wasn't administered and tryptase levels weren't taken at the time of the incident.

Next to hypotension you have (RR).

What do you mean by respiratory distress? Was there wheeze, stridor, tachypnoea, use of accessory muscles?

At what time did the patient develop the wheal for the histamine control?

Quality of written English: Acceptable

Declaration of competing interests:

I declare that I have no competing interests