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: Chris Rutkowski

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?: Yes

Is the case report persuasive?: No

Does the case report have explanatory value?: Yes

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:

Most concerns have been addressed however some important issues remain:
1. it has to be clearly explained why adrenaline was not used in this case (first line treatment)
2. delayed (24hrs) positive SPT do not support the diagnosis of an immediate, IgE-mediated anaphylaxis (even considering immunosuppressive action of steroids). This has to be explained clearly - delayed positive SPT may support a cell-mediated rather than antibody-driven mechanism (similar to type IV hypersensitivity) but not a typical IgE mediated anaphylaxis. Moreover the predictive value and correct methodology of SPT to steroids is unknown and their importance may be overestimated in this case
4. assuming patient experienced an IgE mediated reaction, what was the rationale for performing patch tests?

3. discussion mixes up delayed and immediate reactions to steroids - these should be discussed in separate sections

4. Coopman wrote the paper on classification together with Dooms-Goossens (BJD 1989) - are there any more recent papers by Dooms-Goossens regarding cross-reactivity between steroids (not only in contact dermatitis)? As mentioned before this classification is of doubtful value in immediate reaction to steroids

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