Reviewer's report

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

Version: 2 Date: 1 December 2013

Reviewer: Marina Atanaskovic-Markovic

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?: Yes

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?: No

Is the anonymity of the patient protected?: Yes

Comments to authors:

Comments for the authors:

This manuscript describes a case report of anaphylactic reaction to intravenous corticosteroids in the treatment of ocular toxoplasmosis.

There are a few changes to be made, in order to improve this manuscript.

In part of case presentation

The sentence....... The patient had no history of previous steroid use and had never developed any adverse reactions to these.......should be rephrase (change) because if someone had no history of previous use of any drug, of
course he will not develop adverse reaction to this drug.

The authors wrote that ........allergy testing was conducted in the department of dermatology..

............... and the testing showed a positive skin-prick for..........., but they did not written about the time interval between reaction and allergologic workup. If the time interval between reaction and allergologic workup less then 4 weeks the results would be false-positive.

They also wrote....Specific antibodies in serum against corticosteroids were not detected..... but they did not explain the time interval between reaction and performing in vitro testing, and type of method used. There is no available test for specific IgE to corticosteroids in use today.

In part of discussion

The authors wrote that...... To confirm the suspected allergy to corticosteroids in present case, a skin –prick test and an epicutaneous test were carried out.................. Why they performed epicutaneous test because it is test for non-immediate allergic reactions (IV type), and we know that anaphylaxis is immediate allergic reaction (I type)?

Also they noted.....................the skin-prick test was positive for prednisolone and methylprednisolone after 24 hours ........... it is not possible for skin prick-test, and the results are not valid. They must explain what did they consider as positive skin-prick reactions (diameter of wheal). Why did they not perform intradermal skin test ?

The author are not familiar with the procedures used for drug allergy testing.

In part of introduction and references

There is an article (a case report) from 2012, about immediate allergic reaction to methylprednisolone with tolerance of other corticosteroids (Srp Arh Celok Lek 2012; 140:233-5.). This should be mentioned.

Quality of written English:Acceptable

Declaration of competing interests:

I declare that I have no competing interests