Author's response to reviews

Title: Chronic periaortitis (retroperitoneal fibrosis) concurrent with Giant Cell Arteritis. Is it an unusual coexistence?

Authors:

Ioannis Protopsaltis (ioprot@gmail.com)
Athanasi Sotiropoulos (t_sotiro@yahoo.gr)
Kassiani Manoloudaki (kassy.manol@yahoo.com)
Kiriaki Boki (kboki@otenet.gr)
Garifallia Linardaki (garrylin11@yahoo.gr)
Athanasia Papazafiropoulou (pathan@ath.forthnet.gr)
Stavros Antonopoulos (stavantono@yahoo.gr)

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Author's response to reviews: see over
Responses to Reviewers

Reviewer: Christian Agard

General comments:
This is an interesting and original case describing coexistence of GCA with RPF in a 47-year-old woman. It would have been relevant to perform arterial Doppler sonography, PET or any other vascular investigations of all the large-sized vessels. If it has been performed, results should be included and discussed. The age of 47 is quiet young for GCA.

Answer to Reviewer’s Comment:

Revisions necessary for publication:

1. The description of patient’s outcome under steroid should be included in the "case presentation" section.

Answer to Reviewer’s Comment: Thank you for the correction. It has been now added in the case presentation.

2. page 3: Did the author search for ANCA? anti-nuclear antibodies?

Answer to Reviewer’s Comment: Correction was made. Immunological tests were negative as is now stated in the text.

3. page 4: It should be indicated how the authors made them sure that other causes of RPF were ruled out (tumor, infection...)

Answer to Reviewer’s Comment: In our opinion, clinical and laboratory examinations, computer tomography and biopsy or temporal artery confirm the diagnosis of RPF while made less possible other diagnoses like tumor or infection. In addition, as it is mentioned in the text, all cultures were sterile.

4. page 4: the dosage of prednisolone is lacking. How long was the treatment?

Answer to Reviewer’s Comment: Thank you for your comment. Patient started on 60 mg of prednisone given once a day. We do not the exact duration of the treatment since patient was discharged for further consultation with a rheumatologist. This has been added in the text.
5. Page 4: The authors describe two variants of GCA. This can be the case but many patients do have aortitis and temporal arteritis. The dichotomy is not so simple.

Answer to Reviewer’s Comment: The description of the two variants of GCA was chosen for the scope of the case report presentation. As you mentioned the dichotomy of GCA is not so simple. However, the description of the pathogenesis of GCA would exceed the scope of the journal.

6. Page 5: the authors use the term "autoimmune"...it is not completely clear if GCA has to be considered as an auto-immune disease.

Answer to Reviewer’s Comment: We have to clarify that we did not considered GCA as an auto-immune disease in our case report. We only assumed that autoimmune-mediated mechanisms might be the link between GCA and RPF.

The conclusion has to be re-written as it appears much more like points to discuss than a real conclusion of the report.

Answer to Reviewer’s Comment: Thank you for your comment. Conclusion has been revised addressing the main points of the case presentation.

7. The English language has to be improved.

Answer to Reviewer’s Comment: Thank you for your comment. We have checked the manuscript for grammar or syntax errors. Corrections have been done.

Reviewer: Anastasios Koutsovasilis

It is a well written case report. You presented in a very detailed way the coexistence of two not so often situations. In my opinion your manuscript has a significant diagnostic value. Congratulations for the excellent presentation.

Answer to Reviewer’s Comment: Thank you for your comments.