Author's response to reviews

Title: Acute mercury poisoning presenting as fever of unknown origin in an adult woman: a case report

Authors:

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Version: 2 Date: 27 August 2013

Author's response to reviews: see over

Thank you for consideration of our manuscript for publication in your journal. We have reviewed the above manuscript according to your reviewer’s comments.

Reviewer # 1 (Fabrizia Bamonti)

MINOR COMMENTS:

1. Introduction. Page 1 Line 5: the sentence needs a verb
   • It is put.

2. Case presentation. Pages 3-4: the family’s history must be better organized and more consequently described (in particular father’s and son’s clinical disorders and laboratory findings)
   • The patient’s husband’s and son’s clinical disorders and laboratory findings were added in the manuscript on page 3:
     “He(husband) was admitted to the healthcare institution with these complaints. Physical examination of the patient revealed no pathological findings other than hypertension (TA:160/100 mmHg) and erythema in the legs. Laboratory findings showed leucocytosis (WBC: 13200/µL (normal range:4300-10300/ µL)). Other laboratory findings were considered normal. He’s complaints improved with the supportive treatment administrated at the respiratory diseases clinic of the hospital. He was discharged after 8 days of hospitalization, but personality disorder developed in the following days.

The 14-year-old son suffered from high fever, sore throat, skin rash, diarrhea, and dyspnea. He was admitted to the pediatric hospital with these complaints. The physical examination revealed the followings: fever: 39 ºC, TA:110/50 mmHg, respiratory rate: 20/minute, pulse: 104/minute. A generalized maculopapular rash spread the patient’s entire body, and he was identified with hyperemia in the conjunctivas and cervical and bilateral axillary lymphadenopathy. Rhoncuses were determined in the lungs by oscultation. No abnormal laboratory findings, other than leucocytosis (WBC: 11100/µL (normal range:4300-10300/ µL)) were identified. The patient was initially given empirical doxycycline and bronchodilator therapy based on the family history. A thoracic CT was performed. Consolidation areas containing air bronchograms were detected in the paracardiac region in the right lung middle zone. Ceftriaxone and clarithromycin were included in the treatment. The tests performed revealed no findings of infection. A material was submitted to the reference laboratory for
blood and urine mercury levels upon persistent fever on the day 10 of hospitalization.

The son’s serum and urine mercury levels were analyzed using ICP-MS method in the reference laboratory. His serum mercury level was 130 µg/L (normal range: 0.6-59 µg/L), and urine mercury level was 31 µg/L (normal range: 0.1-20 µg/L). He received chelating therapy after mercury was identified in the blood at high levels.”

3. Informed consents must be added specially in the case of the son
   - It is done.

4. All the manuscript needs some language corrections before being published
   - We corrected the words and sentences which we had seen that they were wrong or improper.

5. The name of the first author of reference 12 (Bamonti) is correct in References but not in the text
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Reviewer # 2 (Giorgio Barbarini)

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