Author's response to reviews

Title: Acute renal failure as a form of presentation of sarcoidosis at the young adult: a case report

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Version: 3
Date: 28 January 2014

Author's response to reviews: see over
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The Biomed Central Editorial Team

Object: MS: 7088330191065311- Acute renal failure as a form of presentation of sarcoidosis at the young adult: a case report. Dr Joana Rema et al.

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 (Dr Guillaume Armengol)

1. ”Is there any missing information that you think must be added before publication? Yes. Kidney enlargement -> Exact size ?”

The authors described the enlarged kidneys (right, 13,5 cm; left, 13,9 cm).

2. “Calcemia not corrected by albuminemia/protidemia”

There was hypercalcemia of 2.88 mEq/L (2.26-2.64) with correction by albuminemia/protidemia giving ionized calcium of 5,9 mg/dL (4,6-5,4 mg/dL).
3. “Red cell volume should appear (microcytic = ?). Hemolysis usually products normocytic or macrocytic anemia : this information is not justified. Inflammatory markers (CRP…) is required when the anemia is microcytic”

Although hemolysis usually products normocytic or macrocytic anemia and our’s patient presented with microcytic anemia, there were no other signals of hemolysis such as increased bilirubin level (mainly indirect-reacting) with jaundice. The inflammatory markers in the form of C-reactive protein were of 45 mg/L (<3,0mg/L).

4.” The authors should mention the glomerular involvement of sarcoidosis including membranous nephropathy.”

Glomerular involvement in sarcoidosis is not common, although focal segmental sclerosis, membranous glomerulonephritis, mesangioproliferative glomerulonephritis, mesangiocapillary glomerulonephritis, IgA nephropathy, and crescentic glomerulonephritis all have been described although their mechanisms are not known. Membranous nephropathy has been most commonly reported. Enhanced production of immunoglobulins may be involved in the pathogenesis of membranousglomerulonephritis, but neither antigen nor specific antibody have been identified.

5. “Slice = 5mm ! micronodule size is less than 3mm by definition. So lot’s of micronodule missed. Usually slice for this kind of exploration is 0,6mm. 140kV is an important irradiation -> usually it’s 100kV. You should point out some micronodule with arrows”

Done. The authors put in an image of the CT patient with slice 1.5.mm, 120kV. At our´s hospital it was the best definition at this time that was possible to be obtained. Micronodule was pointed with an arrow.
6. “Renal biopsy needs to be less enlarged. Granuloma should be pointed out with arrow”.

The authors included a less enlarged image and pointed granulomas with arrows.

7.”The authors could make a graphic showing the evolution of renal function, proteinuria and hemoglobin”.

Done.

8. “Needs some language corrections before being published
- Some words do not exist : “Anatically” ? “Parenquimatosinusul” ?
- Lot’s of misspelled words : “intersticial” ? “metilprednisolone” ?”

Done. Analytically; tubulointerstitial; Sinus parenchyma, methylprednisolone.

9 “Some sentences do not have any signification and need to be rewit. Quality of written English:Needs some language corrections before being published”

Done.
Reviewer 2 (Dr. E. Papadavid)

1. "Could have described other systems for possible involvement. Also follow-up is missing”

Other systems for possible involvement by sarcoidosis were studied and revealed no alterations: the patient was submitted to an eye examination to exclude uveitis, there were no skin or articular lesions such as erythema nodosum or lupus pernio or arthritis, no liver function test abnormalities, electrocardiogram revealed no intraventricular conduction defect or nodal block and echocardiogram was also normal. The patient had no neurological signs namely cranial neuropathy.

In terms of follow-up, the patient has been followed in the outpatient regimen and remains with hemogram and renal function unchanged associated with no alterations in physical examination despite of corticosteroid weaning.

2. “Quality of written English: Needs some language corrections before being published”

Done.