Author's response to reviews

Title: Chilblains patients in Southern California: two case reports and a review of the literature

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Author's response to reviews: see over
Reviewer's report
Title: Chilblains patients in Southern California: two case reports and a review of the literature
Version: 2 Date: 14 May 2014
Reviewer: Frank Domino

Which of the following best describes what type of case report this is?: Unexpected or unusual presentations of a disease
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?: No
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?: Yes
Is the anonymity of the patient protected?: Yes

Comments to authors:
Overall, a very good review. Thank you. A few thoughts:
1. The initial work is described as: "Initial laboratory evaluation should include: a complete blood count, ANA and antiphospholipid antibody profiles, cryoglobulins, and serum protein electrophoresis"
--I am unsure if there is good rationale for doing more than a CBC and a ESR or CRP; if they are normal, is an ANA, Antiphospholipid antibody, cryoglobulin or SPE of value?

As described in the article, it is important to distinguish idiopathic from secondary chilblains. The ESR and CRP though likely to be helpful, are not sufficient to rule out the conditions which may cause or mimic chilblains.

2. Under treatment, although the authors describe 2 small studies using nifedipine 20 mg tid, is this a realistic recommendation, given this drug's short acting risk? Might they go on to recommend discussion with a dermatologist or cardiologist or use long acting nifedipine? You are correct. In fact, when we went back and reviewed the original trials, Ruskin et al. switched from immediate acting Nifedipine to "Nifedipine retard" (we assume this is the extended release formulation) due to the incidence of adverse effects with the immediate release versions. The dose however is the same, Nifedipine XR 20mg TID.

Level of interest: An article of importance in its field
Quality of written English: Acceptable
Declaration of competing interests:
I declare that I have no competing interests