Reviewer's report

Title: Iatrogenic Hypervitaminosis D as an Unusual Cause of Persistent Vomiting: A Case Report

Version: 2 Date: 6 June 2013

Reviewer: Vivek A Saraswat

Which of the following following best describes what type of case report this is?: Other

If other, please specify:

Classic case of a known but rare complication.

Has the case been reported coherently?: 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?: No

Does the case report have diagnostic value?: No

Will the case report make a difference to clinical practice?: No

Is the anonymity of the patient protected?: Yes

Comments to authors:

Comment: Authors should have obtained the views of the medical practitioner(s) who had advised the high doses of the medication. The report may form the basis of a ‘damages’ claim by the patient against the medical practitioner who had initially advised the high cumulative doses of vitamin D.

Case Report

1. The case report per se it very perfunctory and lacks relevant details.
2. With HT and azotemia present, how was CKD excluded? Was pre-existing CKD excluded? Was this an acute nephritic illness? HT is not usually a feature of acute interstitial injury.
3. Duration of HT, azotemia or hypercalcemia is not mentioned; these details
should not have been hard to obtain given that the patient had undergone knee surgery in the recent past. What is the basis of the assumption that it was ‘resolving’ hypercalcemia when first detected?

4. In Background and Discussion, vitamin D homeostasis in health is not discussed at all. (Eg. ‘normal’ serum, intracellular and tissue levels; physiologic requirements; basis of RDA calculation, etc.) There is no discussion of the pharmacokinetics of Vit D, how it is stored and handled in the body, what are toxic levels, how is it excreted from the body, etc. The mechanisms by which Vit D causes nephrotoxicity are not discussed at all, no imaging to look for nephrocalcinosis or nephrolithiasis, notests done to look for crystalluria, renal tubular acidosis or dysfunction. Whether pre-existing renal dysfunction was worsened by Vitamin D toxicity or whether the renal injury was solely related to Vit D toxicity has not been discussed., etc.

5. There is no review of literature about previous reported cases of vit D toxicity, its clinical profile, temporal course or role of calcitonin therapy for hypercalcemia. Further follow up to normalization of vit D levels is not reported. Resolution of hypercalcemia has not been adequately followed; a single, throwaway line that ‘normalized in 15 days’ is indaequate.

Quality of written English: Needs some language corrections before being published

Declaration of competing interests:

I declare that I have no competing interests