Reviewer’s report

Title: Assessment of urinary kidney injury molecule-1 and interleukin-18 in the early post-burn period for predicting acute kidney injury in patients with various degrees burn injury

Version: 5 Date: 29 October 2014

Reviewer: Athina Lavrentieva

Reviewer’s report:

The changes that were made are not differentiated from the rest of the text which made it very difficult to review. The quality of written English should be improved, the flow of the text and the presentation of data are awkward and difficult to follow. Additionally, the response to some of my previous comments was inadequate.

I suggest the following changes:

The reasons for not using the urine output criteria for AKI diagnosis and consequently the possible impact on underestimation of AKI should be referred to in the Discussion section.

Line 62- Reference to Table 1 for KDIGO criteria should be omitted.

Table 1 -Reference to ALT and AST does not provide any additional information to the study. The same is also true regarding the albumin levels. I would again recommend excluding these data as they have no relevance to the study’s main goals. Instead, information about volume and quality of fluids given to the patients during the investigation period, urine output and fluid balance should be added.

Table 3- providing additional clinical data as to the severity of illness, the severity of organ failure, the severity of burns (all according to internationally acceptable/recognized scores), length of stay, length of mechanical ventilation would be helpful. Information on Hb, ALB and CK should be omitted.

Inconsistency exists regarding the levels of markers. Despite the fact that additional patients have been added to the AKI group the absolute values of markers (Urinary KIM-1 and IL-18) remain the same in the revised manuscript. Additionally, in 8 patients with early onset of AKI the values of urinary KIM-1 have been changed but the levels of IL-18 remain the same when compared to the first version of the manuscript as seen below.

Revised version

Urinary KIM-1 and IL-18

184 levels in the AKI group were significantly higher compared to the non-AKI
group
185 (6.18 ± 1.62 ng/mL vs. 4.62 ± 1.25 ng/mL, and 8.87 ± 2.65 pg/mL vs. 5.80 ± 2.16 pg/mL, respectively; P < 0.05). However, in eight severe burn patients with onset of AKI
187 within 48 hours, urinary KIM-1 and IL-18 levels were 7.36 ± 1.57 ng/ml vs. 6.18 ± 188 1.62 ng/mL, and 12.26 ± 3.39 pg/mL vs. 8.87 ± 2.65 pg/mL, respectively. These were

Initial version
Urinary KIM-1 and IL-18 levels in the AKI
165 group were significantly higher compared to the non-AKI group (6.18 ± 1.62 ng/mL vs. 4.62 ± 1.25 ng/mL and 8.87 ± 2.65 pg/mL vs. 5.80 ± 2.16 pg/mL, respectively; P < 167 0.05). However, in eight severe burns patients with AKI occurrence within 48 hours,
168 urinary KIM-1 and IL-18 levels were 10.36 ± 3.57 ng/ml vs. 6.18 ± 1.62 ng/mL and
169 12.26 ± 3.39 pg/mL vs 8.87±2.65 pg/mL, respectively; these were higher than levels

Line 168 –" Spectrums of in burn patients with AKI” – Something is missing, possibly, the name of the markers should be added
I suggest excluding the 2nd paragraph from the Discussion section as information irrelevant to the main study goals.

Level of interest: An article of importance in its field

Quality of written English: Not suitable for publication unless extensively edited

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests.