Reviewer’s report

Title: Intractable ascites associated with mycophenolate in a simultaneous kidney-pancreas transplant patient: a case report

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Reviewer: Peter Schemmer

Reviewer's report:

The authors describe in this case report a female patient who underwent combined pancreas-kidney transplantation. Postoperatively she developed severe transudative ascites requiring in total more than 40 paracenteses treatments draining in the average 2.8 liters of ascites fluid. The ascites formation persisted despite exclusion of a surgical complication, fully functioning kidney and pancreas allografts, lack of any significant proteinuria, normalization of circulating albumin levels, intensive use of diuretics and deliberate attempts to increase the intervals between the paracentesis treatments. Various differential diagnoses, including infectious, hepatic, vascular and cardiac causes were ruled out. Nine months after surgery enteric-coated mycophenolate sodium was switched to azathioprine after which ascites completely resolved. When mycophenolate was recommenced abdominal fullness and weight gain reoccurred.

This case report is of great interest for doctors dealing with transplanted patients. In the case of occurrence of unexplainable ascites one should take in consideration the findings reported in this case report and try to change the immunosuppressive agent.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

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Unable to assess

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Yes

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