Reviewer's report

Title: Biopsy-proven vancomycin-induced acute kidney injury: a case report and literature review

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Reviewer: M. Barry Stokes

Reviewer's report:
The authors describe a patient with diabetes mellitus and Fournier abscess who developed AKI requiring hemodialysis, after 6 days treatment with vancomycin and tazobactam/piperacillin. After these were switched to ampicillin/sulbactam, the subject developed a skin rash at day 13 and was then switched to clindamycin. After 12 days of HD, a renal biopsy on day 18 showed AIN and ATN. The patient subsequently recovered kidney function. The author propose that (1) early recognition of vancomycin toxicity and HD led to the successful outcome, and (2) renal biopsy is useful for clinical management.

The paper is well-written but does not offer new insights into the pathophysiology of vancomycin-induced AKI. It is indeed possible (but not proven) that HD had a direct therapeutic benefit by reducing levels of vancomycin. However, it is unclear if the biopsy findings can be attributed to vancomycin, rather than ampicillin/sulbactam, as the biopsy was performed 12 days after vancomycin was discontinued, and the patient developed a rash while receiving ampicillin/sulbactam. Thus, it seems possible that even if the patient had vancomycin induced AKI initially, he may also have developed AIN from other antibiotics which would explain the renal biopsy findings.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.
Yes
Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.
Unable to assess

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.
No

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