Reviewer’s report

Title: Cilostazol-induced acute tubulointerstitial nephritis accompanied by IgA nephropathy: a case report

Version: 1 Date: 31 Dec 2017

Reviewer: Sandawana Majoni

Reviewer’s report:

1. Line 48 and 49: The sentence needs correction. I would recommend changing it to "Reported side effects include headaches, palpitations, and diarrhea. However, nephrotoxicity has rarely been reported." Instead of the current "Reported side effects include headaches, palpitations, and diarrhea, however, nephrotoxicity is rare."

2. This statement in line 49 and 50: "In many cases, doctors freely prescribe cilostazol without considering its nephrotoxicity." would suggest that the drug has known nephrotoxicity which is contrary to the earlier stated statement. I would recommend changing this to "In many cases, doctors freely prescribe cilostazol without considering its potential nephrotoxicity."

3. In line 53 and 54, did the authors think that the IgA nephropathy was pre-existing? It may be good to clarify this as the statement may suggest that both the AIN and IgA nephropathy were caused by the drug.

4. The last sentence in the background needs some clarity (line 57 and 58). It is not clear what the last part of the sentence "…even if at a high dose" mean

5. What was the temporal relationship between the start of the acute kidney injury and the start of the cilostazol therapy?

6. Whilst I understand that the authors have performed a specific drug lymphocyte stimulation test for cilostazol, which is great, it is important to clarify in the clinical case part of the manuscript that they have excluded any other causes of AIN in this case. The usefulness of this test on its own has been questioned in some studies.

7. Lin 83 and 84: there is need for clarification of whether the IgA nephropathy is related to the drug or whether it was an incidental finding or a pre-existing disease.

8. Is the steroid regimen (dose and duration) used for the treatment in this case the standard treatment given the relapse or treatment failure? My take from the case is that the steroid dose may have been tapered too quickly leading to the treatment failure.
9. The first statement in the discussion mentions serious side effects of the drug yet in the clinical case section of the paper they only mentioned acute kidney injury. What other side effects are they referring to?

10. Some more clarity in their discussion on the finding of IgA nephropathy on the renal biopsy is warranted.

Otherwise this is a good case which will add to the paucity of information in the published literature on the potential nephrotoxicity of this drug.

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.

Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
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Not relevant to this manuscript

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Needs some language corrections before being published

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