Reviewer’s report

Title: Immune thrombocytopenic purpura presenting in a patient after renal transplant for diabetic nephropathy.

Version: 0 Date: 28 Oct 2017

Reviewer: Roman Reindl-Schwaighofer

Reviewer's report:

This case report is of relevance for the transplant community as it brings an often neglected differential diagnosis of post transplant thrombocytopenia back to our minds. The clinical work up was throughly performed including bone marrow biopsy and serological testing to adress major differential diagnosis of thrombocytopenia. Post transplant TMA is one on the major differential diagnosis of post transplant thrombocytopenia alongsied infections (CMV) and drug toxicity (especially MMF and valcyte). However some data has not been provided in the manuscript:

1) I missed hemoglobin levels and leukocyte count (it is only stated that it was normal) as well as creatinin levels over time. Blood cell count fo all three cell lines and renal function would be very intersting in the course following the transplantation and it´s relation to thrombocyte count.

2) You stated that LDH was in the normal limits. Was this true for the entire period?

3) The course of thrombocypenia is only shohwn for one month in figure 1. It would be interesting to see it graphically for the entire post transplant period (maybe including the other cell lines and indicating all treatment changes).

4) if available, Parvo B19 (another potential cause of thrombocypenia even without anemia) and Haptoglobin levels (to rule out hemolysis) as well as thrombocyte count from citrate blood (to rule out pseudothrombocytopenia with EDTA blood) would also be interesting

Are the methods appropriate and well described?

If not, please specify what is required in your comments to the authors.

Unable to assess
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?
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