Author’s response to reviews

Title: Case report: Bilateral renal artery stenosis as a cause of refractory intradialytic hypertension in a patient with end stage renal disease.

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Author’s response to reviews:

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To,

Dr. Cassidy-Cain, Ph D
Editorial team,
BMC Nephrology
London, UK

Dear Dr. Cassidy-Cain,

Thanks for the opportunity to respond back with a revised version. The answers are written in red. We sincerely hope that the revision is to your satisfaction.
Editor Reply 1. We have made the necessary changes to the text.

Editor Reply 2: In our prior revision, we added “The patient underwent a non-contrast CT scan which failed to identify adrenal adenomas, her BMI was 18 and there was no clinical history suggestive of OSA, and no biochemical evidence of thyroid disease based on TSH levels”. As the CT scan was performed without contrast, the Radiologist could not comment on the presence of fibromuscular dysplasia and renal artery stenosis. This information was added during the last revision. We apologize for the oversight in the initial draft.

Reviewer reports:

Peter Van Buren, MD, MSCS (Reviewer 1): Please include all comments for the authors in this box rather than uploading your report as an attachment. Please only upload as attachments annotated versions of manuscripts, graphs, supporting materials or other aspects of your report which cannot be included in a text format. Please overwrite this text when adding your comments to the authors. No further comments

A: Thank you for no additional comments.

Eiji Ishikawa, M.D., M.P.H. (Reviewer 2):

Dear authors: Thank you very much for sharing this nice case. Many points were improved, but two major critical points were still found in the revision.

1. Figure descriptions in blood pressure during three consecutive dialysis sessions before and after renal angioplasty will make us better understand intradialytic hypertension and efficacy of therapeutic interventions. So, the authors should make the graphs about blood pressure during dialysis session before and after renal angioplasty.
Reply: Thanks for the comment. We have added the graphs as Figure 6 A (pre-procedure) and 6B: as post procedure.

2. The authors did not show enough evidence data on why intradialytic hypertension improved.

Reply: The following text was added in the discussion during the previous revision: “Reduction in arterial lumen and the subsequent reduction in perfusion pressure by a unifocally or multifocally stenosed artery leads to activation of the renin–angiotensin–aldosterone system, with volume expansion and hypertension. We hypothesize that ultrafiltration worsens the gradient of renal artery stenosis leading to additional upregulation of the renin angiotensin aldosterone system and subsequent further upsurge in blood pressure”. We unfortunately cannot hypothesize any further as to the reasons for the improvement.

We thank you for allowing us the opportunity to respond back to this minor revision.

Yours sincerely,

Bhanu Prasad, (on behalf of the co-authors).