Author’s response to reviews

Title: Success of anti-CD20 monoclonal antibody treatment for severe autoimmune hemolytic anemia caused by warm-reactive IgA, IgG, and IgM autoantibodies in a child: a case report

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Author’s response to reviews:

response to reviewers:

Reviewer #1:

1. Do you believe the case report is authentic?

Yes

2. Do you have any ethical concerns? Please consider if local Institutional Review Board approval or ethical approval was obtained (if appropriate) and if the patient (or their parent or guardian in the case of children under 18) gave written, informed consent to publish this case and any accompanying images. A statement to this effect should appear in the manuscript.
Comments: Unless it is an error, it seems inappropriate to acquire consent from a ten year old. I presume consent was obtained from the parents. Paper should be altered to show that.

I am sorry for this error. In deed, Written informed consent was obtained from the patient’s parent for publication of this case report. A copy of the written consent is available for review by the Editor-in-Chief of this journal.

3. Does the Introduction explain the relevance of the case to the medical literature?

Yes

4. Does the article report the following information? Where information is missing, please specify.

a. The relevant patient information, including:
   - De-identified demographic information (age, gender, ethnicity)
   - Main symptoms of the patient
   - Medical, family and psychosocial history
   - Relevant past interventions and their outcomes

Yes

b. The relevant physical examination findings.

Yes

c. Important dates and times in this case (if appropriate, organized as a timeline via a figure or table); if specific dates could lead to patient identification, consider including time relevant to initial presentation, i.e. initial presentation at T = 0, follow up at T = 1 month.

Yes

d. Diagnostic assessments, including:
- Diagnostic methods
- Challenges (e.g., financial, language/cultural)
- Reasoning and prognostic characteristics (e.g., staging), where applicable

Yes

e. Types and mechanism of intervention

Yes

f. A summary of the clinical course of all follow-up visits

Yes

Comments: no comment

5. Is the interpretation (discussion and conclusion) well balanced and supported by the case presented?

Yes

6. Is the anonymity of the patient protected? Please consider any identifying information in images such as facial features or nametags, whether the patient is named etc. If not, please detail below.

Yes

7. Is the Abstract representative of the case presented?

Yes
8. Does the case represent a useful contribution to the medical literature?

yes

9. Additional comments for the author(s)?

There were two words that still should be changed. Page 4 line 19-20 relayed should be changed to followed by

Line 41 -42 page should benefit rather than profit.

In addition at line 34-35 Page 4, it would be appropriate to indicated that after the second dose of rituximab the patient no longer required blood transfusions and that there was a slow rise in the Hb level until day 15 at which point it stabilized.

Also consent should have been obtained from the parents not the child.

Thank you for your comments. I did the required changes.

Reviewer #2: This could be published after minor revision;

1. Please correct D-lactate dehydrogenase as Lactate dehydrogenase

2. Please correct Reticulocytosis as reticulocyte count.

3. Please put normal range of biochemical results

4. Please add what was seen on blood smear

5. Please add direct antiglobulin test first time you write DAT

6. One parenthesis is enough for (5)(6)(7) or (9)(10)(11) (5-7); (9-11)

7. Standart dosage instead of used dosage page 4 line 46
8. Page 6, line 8 use dot instead of commas

9. Response instead of profit page 6 line 41

Response to reviewer 2: Thank you for your comments. I did the required changes. Concerning the blood smear, unfortunately it didn’t made by our laboratory