Author’s response to reviews

Title: A case of leukocytoclastic vasculitis with purpura and renal failure induced by the anti EGFR antibody panitumumab 1 Hitomi Kamo, Eiji Shinozaki2, Takanobu Sugase1, Nobuyuki Mizunuma2, Shoji Taniguchi1, Takashi Gotoh1, Keisyo Chin2, Tomoaki Tanaka1, Kazumi Koga1, and Kensei Yamaguchi 1)Surgery, Koga General Hospital, Miyazaki, Japan 2) Gastrointestinal Oncology, The Cancer Institute Hospital, Japanese Foundation for Cancer Research, Tokyo, Japan Corresponding author details Hitomi Kamo, Department of Surgery, Koga General Hospital, Miyazaki, Japan mizunuman12@gmail.com eiji.shinozaki@gmail.com takasuga@kgh.or.jp mizunuman9@gmail.com taniguchi@kgh.or.jp gotochan@kgh.or.jp kchin@jfcr.or.jp tomoaki-tanaka@kgh.or.jp koga@kgh.or.jp kensei.yamaguchi@jfcr.or.jp

Authors:

Hitomi Kamo (mizunuman12@gmail.com)
Eiji Shinozaki (eiji.shinozaki@gmail.com)
Takanobu Sugase (takasuga@kgh.or.jp)
Shoji Taniguchi (taniguchi@kgh.or.jp)
Takashi Gotoh (gotochan@kgh.or.jp)
Keisyo Chin (kchin@jfcr.or.jp)
Tomoaki Tanaka (tomoaki-tanaka@kgh.or.jp)
Nobuyuki Mizunuma (mizunuman9@gmail.com)
Kazumi Koga (koga@kgh.or.jp)
Kensei Yamaguchi (kensei.yamaguchi@jfcr.or.jp)

Version: 2 Date: 03 Oct 2018

Author’s response to reviews:

Dear sir it may concern,

Thank you for the review and waiting.

I added some paragraphs with brown color according to your comments.
Reviewer reports:

Additional revisions are needed.

Add a paragraph at the end of the Introduction that explains why this case report is presented (what is unique and adds to the medical knowledge)

More information is needed:

I added a paragraph at the end of the Introduction as below.

Leukocytoclastic vasculitis (LCV) was diagnosed with a skin biopsy and blood tests showed Grade III acute renal failure. This is the first reported case of LCV followed by purpura and acute renal failure associated with panitumumab.

The case report should include past medical, social, environmental, family and employment history.

Did the patient smoke, and/or consume alcohol?

Give detailed physical and neurological examination on his last admission. What was the temperature, pulse, blood pressure and temperature, on admission?

I included paragraph in the case report following your comment.

His medical history indicated gastric ulcer in 2003. We did not note any personal or family history of kidney disease, autoimmune disease, or asthma.

There was no neurologic abnormality including mononeuropathy multiplex.

He was working office job. He had smoked five cigarettes for fifty years and drunk socially.

His height was 164 cm and body weight was 50kg (6kg increased in three weeks). His blood pressure was 110/60m Hg, His pulse rate was 84 pm and body temperature was 36.4°C. The results of his physical examination were relatively unremarkable, except pretibial pitting edema and diffuse purpura on his whole body. There was no neurologic abnormality including mononeuropathy multiplex.
Discussion – add a paragraph at the beginning of the Discussion that summarizes the case and describes what is unique in this case compared to what is available in the literature.

The Conclusion section should include the lessons learned from the presented case.

I put paragraph at the beginning of the Discussion following your comment.

This case is unique because purpura is rare as skin toxicities of panitumumab, most of them are acne-like rash, cracking and dryness. Also there are few reports of panitumumab associated renal failure.

The Conclusion section should include the lessons learned from the presented case.

I add paragraph in the Conclusion section following your comment.

We learned that severe renal toxicities occur with purpura from the presented case.

Again, thank you for your viewing. Here I have enclosed my revised paper.

Yours Sincerely,