Author’s response to reviews

Title: Hypersensitivity reaction with multi-organ failure following re-exposure to rifampicin: case report and review of the literature including WHO spontaneous safety reports

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Author’s response to reviews:

Response to reviewer 1:

Introduction should be revised with reference to appropriate medical literature.

-> Thank you for this suggestion. We have added references regarding the rarity of allergic reactions to rifampicin in clinical practice. We refer to the other relevant existing literature (mainly case reports) in the discussion section, where comparison to our case can be made.

Clinical findings: Physical examination findings of the patient should be given.

-> We integrated the available relevant physical examination findings.

Response to reviewer 2:

P3, L20: please specify the patient's weight, as well as his ethnic origin (which can have an important influence on metabolic aspects)

" Integrated
P3, L22: staphylococcus epidermidis should be written in italics, with a capital letter on the gender name, in accordance with the international convention

-> Corrected

P3, L31: please add a reference to explain which standard you are referring to when you write about the "treatment concepts of prosthetic joint infections"

-> Reference included

P3, L42: "Just hours": imprecise, please mention the exact delay (in hours), if possible

-> We specified this information as detailed as it is available in the clinical setting

P3, L44: "CT-scan": all abbreviations must be explicited

-> Corrected

P3, L47 (as in P4, L31): unless I am mistaken, you never mention a biological value of creatinine or an estimate of kidney function. In my opinion, this information is lacking

-> We refrained from giving creatinine values as they are believed to lag behind in hyper-acute anuric renal failure and thus do not provide additional useful information (indeed, creatinine only rose from 94umol/l to 155umol/l within the day of the acute reaction). We revised this section by highlighting the finding of anuria and mentioning the marked metabolic acidosis which was the indication for starting hemofiltration.

P3, L55-56: according to the convention in pharmacovigilance, liver function values are usually expressed as multiples of the local standard, which makes it easier to interpret the results. Could you make it there, as done later in the discussion section?

->Integrated

P4, L22-37: please give some additional information about the steroid regimen, especially on the switch from IV to PO administration

-> Specified

P5, L58: trazOdone (instead of trazAdone)
P7, L29-40: I appreciated the discussion on the issues related to information traceability and information loss at interfaces. This problem deserves to be particularly highlighted. I would like to ask the authors to add a few words and one or two references on the issue of risks at interfaces in healthcare (as shown for example by the "progress!" programme of the Patientensicherheit Schweiz Foundation)

-> Thank you for this suggestion. We have added a few words and two references regarding this important issue.