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Name of Journal: *World Journal of Nephrology*

ESPS Manuscript NO: 24196

Manuscript Type: Observational study

Dear Editor,

Thank you for the nice comments of you and the three reviewers. Below are the point to point answers to the comments of the reviewers. We hope that the manuscript in this revised form is suitable for publication.

Kind regards.

Meltem Gursu, Ass Proff

Reviewer 00503196:

ESPS Manuscript No 24196 The paper with the title <> describe very well, an underestimated problem in patients on CAPD .The authors report a high incidence of onychomycosis but the interpretation of the results has to be cautious because of the small number of the patients. The lack of a healthy control group is important for the interpretation of the results. Also on page 7 they report that << Patients using erythropoiesis stimulating agents have lower rate of xeroderma cutis compared to those not using them (n=11, 55% vs. n=3, 17%; p=0.014) as well as lower rate of onychomycosis (n=5, 25% vs. n=11, 61%; p=0.024). Loss of lunula was more rare in patients on statin treatment (n=1, 7% vs. n=16, 67%; p<0.001). Patients using diuretics had higher rate of tinea pedis (n=13, 52% vs. n=2, 15%; p=0.028). >> And after they state that <> How is possible when the patients with erythropoeitin therapy had lower rate of xeroderma (p=0.014) and onychomycosis(p=0.024) and patients on statin treatment ,Loss of lunula was more rare (p<0.001)?

Reply:

As the reviewer commented, the number of patients included in the study is not much. So it is not possible to make comment about a pathophysiological role between use of erythropoietin stimulating agents and onychomycosis; and also between statin treatment and loss of lunula. These findings may be clues for further studies about the subject.

Reviewer 00646460:

This is a clinically interesting study regarding the epidemiology of various skin disorders in peritoneal dialysis patients. Although the number of patients included in this study was small (38 patients), some relevant findings were revealed. I would suggest that the authors include some clinical figures showing the various skin findings. Also, it was mentioned that patients with already diagnosed skin disease was excluded from this study. Does this mean that the various skin conditions (such as onychomycosis, tinea pedis) only appeared after the onset of dialysis?

Reply:

Unfortunately we do not have pictures of the patients with these mentioned skin disorders. Patients who were already diagnosed to have a skin disorder and treated for them were not included. The reported patients in the study were those who did not notice any disorder in their skin until that time.

Reviewer 00646467:

This is an interesting study of Skin disorders in peritoneal dialysis patients seen in a PD unit in Istanbul. The discussion is well written. However, the following information regarding the study should be specified for the proper interpretation of the results. 1. What is the study period? 2. How often the PD patients were seen by the dermatologist? 3. "Patients with already diagnosed skin disease were excluded": Could some of these skin diseases related to PD? 4. Please specify the number of eligible patients in the PD unit, number of excluded patients due to the exclusion criteria and number of patients did not give consent. 5. Page 6,

the result section: Please standardize the report of the duration of CKD and PD in either years or months.

Reply:

1. This is a cross sectional study in which all patients followed up in our PD unit were regarded for eligibility for the study during their routine visits. The study period was about six months.
2. Patients without exclusion criteria were examined once by the predetermined dermatologist.
3. To reveal a pathophysiological link between these skin lesions and peritoneal dialysis, there is need for prospective broad based studies in which patients are examined before the start of peritoneal dialysis treatment and in the following years. Our study is a cross-sectional one, so we cannot comment on that issue with these findings.
4. Among the 52 patients followed up in our PD unit, three patients were already on treatment for a symptomatic skin disorder (one for psoriasis, two for xerosis cutis), one patient had breast cancer and 10 patients rejected to be examined by the dermatologist.
5. Both have been expressed as months.