Author's response to reviews

Title: Cronkhite-Canada syndrome associated with rib fractures: a case report.

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Author's response to reviews: see over
Dear Dr. Tim,

Thank you for returning the referees comments on our paper by Yuan et al entitled ‘Cronkhite-Canada syndrome associated with rib fractures: a case report’.

We have considered the responses of all two referees and would like now to respond to their comments, point by point as described below. According to their comments, we have rewritten the manuscript and have added extra text to the document.

Referee 1.

We thank this referee for his/her overall comments on the association between CCS and rib fracture.

Major comment

1. The referee wishes us to add laboratory data on admission and changes after treatment. We accept this and have added data in the text.
2. First, The referee wants to know the detail about the etiology of rib fracture. We had performed Emission Computed Tomography and Bone densitometry for further classify the etiology of rib fracture, but we had not found any positive results. Further examination for checking bone metastasis was not performed because of his
financial situation, and his examinations and clinical features which indicated no definite malignant tumor.

Second, we have added the results of hormonal examination, such as thyroid hormones and parathyroid hormone in the text.

Third, bone densitometry on vertebrae lumbales and caput femoris was normal.

Last, since his nutritional condition was poor and he had no uncomfortable chief complain on chest, orthopaedic surgeons and chest surgeons advised us to supply calcium and nutrition for him and restrict his chest wall movement. We used low dosage corticosteroid lasted for 24 days to control his clinical condition before he complicated by rib fracture and had discontinued it after the condition became better.

3. The patient had no medical history of trauma, persistent cough, chest pain or congenital disease, such as Osteogenesis imperfect.

We are grateful to this referee for his/her suggestion.

Referee 2.

We thank this referee for his/her overall comments on the article whose findings are important to those with closely related research interests.

Major comment

1. The patient had no medical history of trauma, persistent cough, chest pain or congenital disease.

2. Although CCS was considered a benign condition, the occurrence of cancer was significantly higher normal people. Since the patient had no medical history of trauma, persistent cough, chest pain or congenital disease, this concominanted complication initially led us to consider the possible involvement of a malignant
tumor complicated by rib metastasis. Therefore we performed some examinations for further establishing the etiology of rib fracture and for further treatment.

3. We have added the description of rib fracture. Since his nutritional condition was poor and he had no uncomfortable chief complain on chest, orthopedic surgeons and chest surgeons advised us to supply calcium and nutrition for him and restrict his chest wall movement. The patient returned home and re-examined X ray of chest and found the rib fractures still persisted.

4. The document has been ‘spell checked’.

Taken together, we thank editors and all two referees for their constructive comments and we have added new contents and modifications for improving this manuscript.

We look forward to hearing from you and hope that these modifications will permit acceptance of our manuscript in *BMC Gastroenterology*.

Best regards,

Yuan bos on behalf of Dr. Wang Fangyu