Author’s response to reviews

Title: Leukocytosis and high hematocrit levels yield misinterpretation in abdominal emergency of hereditary angioedema (HAE)

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Author’s response to reviews: see over
Dear Editor:

Enclosed for your consideration for publication in *BMC Gastroenterology* (Original Articles) is our manuscript entitled “Leukocytosis and high hematocrit levels yield misdiagnosis in abdominal emergency of hereditary angioedema” by Ohsawa et al. All authors agree with the contents of the submission and the results presented in this paper have not been published previously in whole or part, except in abstract form.

The attached paper has been carefully reviewed by an experienced editor whose first language is English and who is specialized in the editing of the papers written by physicians and scientists whose native language is not English.

Hereditary angioedema (HAE) is an attractive field because it offers doctors a chance to improve the lives of their patients dramatically with C1-inhibitor replacement therapy. However, global awareness of HAE is very low and some patients have undergone unnecessary surgery or treatment. In this report, we focused on the reason why severe abdominal pain has been misinterpreted and found that significant leukocytosis and high hematocrit levels in patients with gastrointestinal angioedema mimick acute abdomen.

We hope that our findings will be of interest to the readers of the journal. Your consideration of this paper will be greatly appreciated.

Sincerely yours,

Isao Ohsawa M.D.