Author’s response to reviews

Title: Dengue hemorrhagic fever and severe thrombocytopenia in a patient on mandatory anticoagulation; balancing two life threatening conditions; a case report

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Author’s response to reviews: see over
Changes made to the original manuscript.

Dear editor and reviewers,

Thank you for reviewing, and for the valued comments. They were most helpful in improving this manuscript and we have attended to almost all the queries raised by you.

In line with the reviewer’s comments, we have made the following changes which are highlighted in the text

Comments are in bold letters and our responses are in normal font. In numbering the pages, the title page is taken as 1.

Editor

After reading through your manuscript, we feel that the quality of written English needs to be improved before the manuscript can be considered further.

We advise you to seek the assistance of a fluent English speaking colleague, or to have a professional editing service correct your language. Please ensure that particular attention is paid to the abstract.

We have got an independent English speaking colleague to correct the language. The changes appear as track changes while the changes made according to reviewers comments are highlighted in yellow.

Reviewer 1

The manuscript "Dengue hemorrhagic fever and severe thrombocytopenia in a patient on mandatory anticoagulation; balancing two life threatening conditions; a case report" is well written. It will be useful for MDs. However, to make useful for the diverse readership of BMC, it would be great if authors can include platelet count in healthy subject, so non-medical readers can correlate the difference.

The normal platelet count of a healthy adult is included in the introduction

Moreover, if they can address that whether this patient has been previously infected with dengue virus or not (I assume she must have)? If yes, what treatment plan she has been gone through?

There were no records of her being previously infected with dengue though she is likely to have had one. However, it may have passed off undiagnosed as a mild flu as most primary dengue infections do.
Although authors may not have done follow-up on this patient for dengue, have they follow up for her rest of the conditions? Presenting follow up platelet data, of blood platelet counts, or inclusion of IgM data would have helped.

We did only one follow up visit regarding dengue after one week and the platelet count at that visit is now mentioned in the manuscript (last paragraph of case presentation). A repeat IgM was not done as she had clinically recovered and it is not the routine practice for follow up patients. At the time she presented to us dengue IgM was not available in the government sector and the patient had to do it from a private sector laboratory at her own cost. Given the costs we do not do routine repeat IgM testing for patients who have recovered clinically. Her routine follow up for the valvular condition was arranged at the institute of cardiology, National Hospital of Sri Lanka.

If authors have given a specific timelines of the events would have been more helpful for an outside reader. Especially, progression timeline is necessary to understand what is going on, rather than giving vague terms 'Next 24 hrs, or 48 hrs, and after/ before critical stage.

Agreed. We have given the time line and indicated the critical phase in the table with the actual dates. We have revised the manuscript also to refer to days since the admission (date of admission taken as day 0).

If possible, authors should present data to show that the drop in platelet count is not from the Wafarin she was using (could use ELISA)

Given the classic clinical picture of dengue and the timeline of platelet drop and its recovery plus the fact that she had been using warfarin for sometime without any ill effects and the dengue IgM positivity by ELISA makes warfarin an unlikely cause for the platelet drop.

Reviewer 2

The present clinical case report details the experience of the authors during management of a patient with dengue and on mandatory anti-coagulation for prosthetic heart valve insertion. From a virologist’s perspective, this reviewer would advise the authors to include the details of the test/s that were performed to confirm that it was a case of dengue (other than observed clinical symptoms), as the authors only mention in the text "The dengue antibodies (IgM) were positive indicating an acute infection" and provide no other details.

We have now given the details of the diagnostic test performed for dengue antibodies

Reviewer 3

No corrections
Thank you

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