Author’s response to reviews

Title: Common variable immunodeficiency syndrome with right aortic arch; a case report

Authors:

Dr Didem A Yalcin (adidyal@yahoo.com)
Nese Aydemir (naydemir@pamukkale.edu.tr)
Huseyin Turgut (hturgut@pamukkale.edu.tr)
Dr Hakan R Erbay (rherbay@pamukkale.edu.tr)
Nevzat A Yalcin (anyalcin@akdeniz.edu.tr)

Version: 3 Date: 13 Dec 2003

PDF covering letter
We revised our manuscript according to your and referees’ comments as follows:

**Reviewer (Kazunaga Agematsu),**

1. We would like to present the CVID case who cardiovascular anomalies, but we couldn’t say that there is a relationship between them. We thought that the issue needs to be clarified with further studies.
2. We cited the reviewer’s study at reference 11.

**Reviewer (Rafal Pawliczak),**

1. We provided a good quality to the picture.
2. No, she does not have a family history of CVID or IgA deficiency.
3. She had no auto-antibodies with the tests.
4. RBC: 2.8 M/UL, her anemia was iron deficiency anemia; Serum Fe level was lower and Fe binding capacity was higher than normal. MCV was 79.1 fL (82-95).
5. PFTs could not improve completely after treatment, because she has restrictive and obstructive respiratory disability due to bronchiectasis. She has no history of smoking.
6. We tried to correct our grammar mistakes, and a native English speaker has reviewed the paper.
7. We corrected some editing errors in the text.
8. The history of patient was better designed.
9. She had chronic giardiasis and amebiasis infections

**Reviewer (Irwin Best)**

1. We tried to revise all sections of the manuscript as reviewer criticized.
2. The photos were taken again in good quality.
3. All primary immunodeficiencies including combined immunodeficiencies, predominantly antibody deficiencies, other well-defined immunodeficiency syndromes (Wiskott-Aldrich syndrome, Ataxia telangiectasia, DiGeorge anomaly, etc) and acquired ones should be thought in differential diagnosis.
4. The patient had wheezing on physical examination.
5. Pulmonary sequestration as a cause of lower respiratory tract infection can be in differential diagnosis, but it shows a different radiology.
6. Embryology of a right-sided arch is stated in the text.

We wish you a merry Christmas and a happy New Year.

A. Didem Yalcin, MD.