Author’s response to reviews

Title: Thrombosis of abdominal aorta during cisplatin-based chemotherapy of testicular seminoma: Case report

Authors:

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Author’s response to reviews: see over
Dear Dr. Sabina Alam,

thank you very much indeed for reviewing our manuscript. We appreciate the thoughtful comments of the reviewers. We have re-written several parts of the manuscript and we have re-arranged the figures according to the points made by the reviewers. We are now re-submitting the manuscript for consideration for publication in BMC Cancer.

In the following we are giving a point-by-point description of the changes made.

According to the points made by reviewer #1:

Major compulsory revisions: The figures have been arranged in the way suggested by the reviewer. We deeply agree that this arrangement is much more informative than the old one.

Discretionary revisions
2. D-Dimers had not been measured in our patients. We agree that this information could have been useful. However, we regret that this kind of information is missing.
3. (tobacco use, aortic calcifications) Again we agree with the reviewer. We rewrote the corresponding paragraph in the discussion section. It reads now as follows:

Moreover, he used to be a smoker and there were some minor calcifications detectable in the infrarenal aortic wall upon staging CT. However, there was no clinical sign of systemic atherosclerosis, the body mass index was within normal range (24.8 kg/m²), and no other vascular risk factors were revealed upon clinical examination. Thus in all, there was no rationale to consider any compromised aortic blood flow as a pre-existing risk for thrombosis in this patient.

A tempting idea would be to consider the site of the operative occlusion of the Ductus arteriosus Botalli as an area of increased risk of blood cell adhesions. However, this view must remain rather hypothetical because this putative nidus for thrombotic adhesion had been present for more than 30 years without giving rise to blood cell adhesions ever since. Moreover, the critical site at the wall of the thoracic aorta would hardly explain additional downstream thrombotic deposits.
Reviewer #2 did not request changes

Reviewer #3

Major compulsory revisions:

(age, BMI) We agree that information on BMI could be informative and we also agree that the age of our patient is beyond the usual range of testicular cancer patients. We discuss this point in the discussion section, third paragraph, page 4 of the manuscript. It now reads as follows:

Our patient is 49 years old which represents an age category clearly beyond the median age of TGCT patients. As thrombosis is generally associated with increasing age, a slightly increased risk of thrombosis must therefore be considered for this individual, basically. Moreover, he used to be a smoker and there were some minor calcifications detectable in the infrarenal aortic wall upon staging CT. However, there was no clinical sign of systemic atherosclerosis, the body mass index was within normal range (kg/m²), and no other vascular risk factors were revealed upon clinical examination.

(Conclusions, 5th line, 2nd paragraph) This part has been rewritten (vide supra)

We changed the sub-headline “Conclusions” to Discussion

(Hypomagnesemia) We agree that hypomagnesemia might possibly promote thrombosis. We included this point in the discussion section page 5, first paragraph, line 6.

Minor essential revision
In the background section, we changed the word “metastasized” to “metastatic” (thank you!)

We also made the two following changes:

The page numbers of reference #13 were put in. This paper had been cited as “epub” document so far.

The last sentence of the case presentation section had been rewritten:

Six months later, CT revealed complete resolution of thrombotic material at the thoracic aorta and only minor residual thickening of the abdominal aortic wall (Figs. 3a,b).

We hope that the manuscript is now in the condition to be accepted by BMC Cancer.

Respectfully

Prof. Klaus-Peter Dieckmann