**Author's response to reviews**

**Title:** Concealed Primary Aortic Sarcoma induced Hypertensive Encephalopathy resulting from a Thoracic Aortic Occlusion: a case report

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**Version:** 4  **Date:** 17 April 2013

**Author's response to reviews:** see over
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Version: 3 Date: 16 April 2013

Author's response to reviews: see over
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Hee-Jeoung Yoon (kestus@hanmail.net): We added her in this revision.

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Version: 1 Date: 25 December 2012

Author's response to reviews: see over
We appreciate the consideration of our manuscript for publication in your journal. We have reviewed the above manuscript according to your reviewer’s comments.

Reviewer: Ho-Ki Min

- Major Compulsory Revisions

Several issues warrant comment:

1. Symptoms of hypertensive encephalopathy typically start to occur 12–48 hours after a sudden and sustained increase in blood pressure. In my opinion, uncontrolled hypertension for 2 months would be caused by primary aortic sarcoma that may progressively obstruct the aortic lumen. And hypertensive encephalopathy in this case would be provoked by acute embolic events. What is your opinion? If my hypothesis is correct, the title of this manuscript should be changed and presumptive mechanisms for hypertensive encephalopathy should be described in this manuscript.

   We think that uncontrolled hypertension for 2 months may be due to progressive obstruction of aortic lumen. However, we’re not sure whether hypertensive encephalopathy was provoked by acute embolic event, because the patient didn’t complain of pain or tingling sensation at lower extremities. He complained of severe headache and vomiting before mental confusion, so that hypertensive encephalopathy might be highly suspected as preceding event.

2. In my opinion, rapid diagnosis and prompt management is extremely important in this case. Delay in diagnosis or surgical intervention would provoke reperfusion injury and its systemic effect after surgical intervention. On the other hand, repeated embolic events could lead to death because the authors left the thoracic aortic mass untouched. What were the causes of death? How many times did you take from the
diagnosis to the surgical intervention? How did you administer an anti-coagulation therapy after surgery?

1. The cause of death was disseminated intravascular coagulation induced acute renal failure and metabolic acidosis.

1. Actually, it didn’t take a long time from the diagnosis to surgical intervention. It took about 2 hours. However, the early diagnosis of aortic mass was failed. It took about 4 hours to diagnose aortic mass because medical attendant was focusing on imaging work-up of brain due to hypertensive encephalopathy.

1. 40 mg of Enoxaparin sodium was subcutaneously administered after surgery.

- Minor Essential Revisions>>

Pathologic result (Page 3 and paragraph 2) was reported in operative field or at post-mortem? If post-mortem, we recommend that this sentence is attached prior to “Discussion”.

1. Pathologic result was reported at post-mortem, so that we moved this sentence.
Reviewer's report

**Title:** Concealed Primary Aortic Sarcoma Provoked Hypertensive Encephalopathy due to Thoracic Aortic Occlusion: a case report

**Version:** 1 **Date:** 9 January 2013

**Reviewer:** Marcel Vollroth

**Reviewer's report:**

Minor Essential Revisions

**Level of interest:** An article of limited interest

**Quality of written English:** Needs some language corrections before being published

1 We performed some language corrections.

**Declaration of competing interests:**

I declare that I have no competing interests
Reviewer's report

Reviewer: Steffen Kolschmann

Overall the case report by Choi and colleagues is well written and concise. There are however some remaining questions which need to be addressed:
1) As the reported narrowing of the thoracic aorta is supposed to be the reason for the hypertensive encephalopathy are there any Doppler flow measurements from transeosophageal echocardiography which support the hypothesis? If there are such data it would be nice to provide some image material.

   We think that the pressure gradient across the narrowed segment will be significantly higher. If we perform transesophageal echocardiography on this patient, the result of transesophageal echocardiography may helpful in identifying pressure gradient and supporting the hypothesis. However, there is no transesophageal echocardiography data or imaging materials about aortic luminal narrowing due to aortic sarcoma.

2) Was an autopsy performed? If yes, was the initial diagnosis confirmed? If not, why wasn´t an autopsy performed?

   We didn’t perform an autopsy.
   At post-mortem, it was revealed that embolic mass were intimal type primary aortic sarcoma in immunohistochemical staining.
   The condition of patient was hopeless and aged man, the patient’s family refused our request of autopsy.

Level of interest: An article of importance in its field
Quality of written English: Needs some language corrections before being Published
We performed some language corrections.

Declaration of competing interests:
I declare that I have no competing interests