Author's response to reviews

Title: Down syndrome with microgranular variant of acute promyelocytic leukemia in a child - A case report

Authors:

Deepali Jain (deepalijain76@gmail.com)
Tejindar Singh (tsinghmamc@yahoo.co.in)
Prerna Arora (parora@rediffmail.com)

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Author's response to reviews: see over
Dear Sir,

Herein I am submitting revised version of the manuscript (MS: 8257698421577082)
Down syndrome with microgranular variant of acute promyelocytic leukemia in a child -
A case report Deepali Jain, Tejindar Singh and Prerna Arora; corrections are made in
red color throughout the text.
Kindly find point-by-point answers to reviewer’s comments which are given below.
Please acknowledge
Sincerely
Deepali Jain

Answers to reviewers comments:

Reviewer: Arnaldo A. Arbini

Cytogenetic analysis (g-banding and FISH are desirable) confirming both the
Down syndrome and the acute promyelocytic leukemia.

Confirmation of Down syndrome by karyotyping has been done outside at the time of
birth; therefore we could not get those records.
However confirmation of acute promyelocytic leukemia by cytogenetic analysis could
not be performed in this case due to unavailability of fresh blood or marrow sample after
the diagnosis, as patient left against medical advice.

Flow cytometrical immunophenotyping on bone marrow aspirate.

Immunophenotypically these cells were strongly positive for anti MPO stain by
immunoperoxidase method, unfortunately flow cytometry is not available in our
department.

Clinical follow-up with accurate description of therapy and clinical response.
Patient was referred to tertiary health care center for chemotherapy. There all-trans retinoic acid (ATRA) with chemotherapy was prescribed, but patient left against medical advice. Therefore final outcome could not be ascertained.

**Reviewer:** John M Bennett

Report the fibrinogen level and whether FSP were measured

Her coagulogram studies were unremarkable. Serum fibrinogen levels were within normal limits (2.0 g/l); and test for fibrin degradation products and D- dimer was also negative.

Report results of the treatment and outcome

Patient was referred to tertiary health care center for chemotherapy. There all-trans retinoic acid (ATRA) with chemotherapy was prescribed, but patient left against medical advice. Therefore final outcome could not be ascertained.