Author's response to reviews

Title: Light chain deposition disease presenting as paroxysmal atrial fibrillation: a case report

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Author's response to reviews: see over
We thank a lot the reviewers for their brilliant advices and the text has been changed following their indications. Our answers to the two reviewers’ comments are reported:

Reviewer 1 (Shih-Hua Lin)
- Unfortunately urinalysis was not performed when the patient had the first episode of paroxysmal atrial fibrillation, however in October 2006 it was negative as stated in the case report.
- Serum albumin levels have been added
- A figure showing histological findings of glomerular damage has been added
- Unfortunately we cannot report finding of any endomyocardial biopsy, in our hospital the procedure has never been performed
- Normal ranges of laboratory data have been provided

Reviewer 2 (Sonal Singh)
- The title has been changed
- Cardiac nonamyloidotic immunoglobulin deposition disease is a rare disorder which clinical features and histological findings were reported by Toor et al. in 2006 (Toor AA, Ramdane BA, Joseph J, Thomas M, O'Hara C, Barlogie B, Walker P, Joseph L. Cardiac nonamyloidotic immunoglobulin deposition disease. Modern Pathology 2006; 19: 233-237). In their report these authors describe a patient who developed atrial fibrillation and responded to therapy with digoxin. This finding has been added to discussion. As suggested by the reviewer I read the paper of Röcken et al. I think that isolated atrial amyloidosis (IAA) cannot be the cause of the arrhythmia in our patient, she was 55-year-old, had no history of hypertension, was taking thyroxine due to hypothyroidism and had no history of cardiac disease. On the contrary patients with IAA described by Röcken et al. had a mean age of 69 years, underwent heart surgery and the amyloid deposits were immunoreactive for atrial natriuretic peptide suggesting that persistent atrial fibrillation was sustained by cardiac disease such as coronary artery disease or valvular disease
- Unfortunately we cannot report finding of any endomyocardial biopsy, in our hospital the procedure has never been performed
- Follow-up has been added
- Language corrections has been made

Reviewer 3 (Elsayed Soliman)
- Conclusions have been changed as well as the text, pointing out that restrictive cardiomyopathy is the direct manifestation of LCDD and that atrial fibrillation is secondary to the cardiac disorder
- As previously quoted conclusions have been modified
- The reason for cholecystectomy has been added
- Paroxystic has been changed with paroxysmal