Title: A Postman with Severe Hypertriglyceridaemia Presenting with Atypical Chest Pain: A Case Report

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Author's response to reviews: see over
To: The Journal of Medical Case Reports Editorial Team

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Subjects: Re-submission of the (Manuscript ID 1836369883130593)

Dear Sir/Madam

The changes undertaken are the following

a) The profession of the patient has been taken out
b) Formatting of the manuscript was change according to the journal criteria
c) The title of the manuscript has been changed.
d) We have rectified the corrections recommended by the reviewers.
e) The possibility of acute pancreatitis was on the list of differential diagnosis, I
   have incorporated the results of the amylase and CT abdomen into the
   manuscript.
f) Plasmapheresis and hypertriglyceridaemia, The remarkable improvement in
   the triglycerides level over the proceeding days post admission has precludes
   the need for a more invasive approach in managing this patient severe
   hypertriglyceridaemia by plasmapheresis.
g) As far as the comments on the relations of severe hypertriglyceridaemia with
   chest pain, it is quite conflicting issue in the literature, even the reviewers
   seem to have different opinions, nevertheless, we have suggested some
   possible mechanism to the link between hypertriglyceridaemia and IHD (as
   suggested by one of the reviewers). We have also tried to minimized the link
   and concentrate on the important issue of management and reciprocal
   improvement in liver enzymes.
h) Raised blood pressure and IHD/chest pain, we definitely agree with one of the
   reviewer opinion, it is one of the possibilities, however, on admission the
   patient was commenced on antihypertensive medications and blood pressure
   now is well controlled other than treating the hyperlipidaemia.
i) With regard to angiogram, the cardiac team at the Royal Liverpool University hospital declined the patient for angiogram, because his second ETT was also negative for reversible ischemic changes.

j) The patient progress during admission and the follow-up in the lipid clinic are now incorporated into the manuscript.