Author's response to reviews

Title: Bilateral Hilar Lymphadenopathy in a Young Female: Case Report

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I appreciate and thank the reviewers for their time and effort. Herein, I have addressed the revisions that have been suggested. Thereby, I am submitting an updated version.

1) Provide additional detail that demonstrates the "mild restrictive pattern" on PFTs. Was there additional evidence of reduced DLCO typical of BOOP? Was there a significant A-a gradient?

Yes. Arterial blood gases revealed a PaO2 of 60 mm Hg (mentioned in the case report text). Calculated A-a gradient was 42 mm Hg (normal for this patient would be ~ 10 mm Hg).

2) The ESR was markedly elevated along with a mild thrombocytosis. Although blood cultures were negative, did this patient have any risk factors for endocarditis? Was an echocardiogram performed?

She did not have any known risk factors for endocarditis. A transthoracic echocardiogram was performed during her hospital stay, which was unremarkable.

3) Since this article is highlighting hilar lymphadenopathy as a manifestation of BOOP, these abnormalities should be identified on the chest CT instead of (or in addition to) the peripheral consolidations.

Appreciated and changes have been made accordingly.

4) Since Figure 2 only shows a low magnification view, one is unable to see the type of cellular infiltrates that are described in the text. It would be helpful to see a composite photo with both low and high magnifications, demonstrating
occlusive fibroblastic proliferation within an injured bronchiole to confirm the diagnosis of BOOP.

Appreciated and changes have been made accordingly. Both low and high magnification views demonstrating obliterated bronchiole, fibrosis and inflammatory infiltrate have been included.

5) Since the steroid management for BOOP typically lasts 3-6 months, what was the rationale for continuing therapy for 12 months?

Patient had worsening symptoms when steroids were being tapered at 6 months; consecutively treatment was continued for another few months before final taper.

6) A final stylistic point: "Female" is an adjective, not a noun. The report is obviously written about a female human being, but for a more formal presentation, she should be described as a "young woman" or a “female patient.” Changes made accordingly.