Author's response to reviews

Title: Coexistence of a giant splenic and multiple hepatic hemangiomas. Potential association with the use of oral contraceptives: a case report

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

We have prepared the revised manuscript that refers to a case with the extremely rare combination of giant splenic hemangioma, multiple hepatic hemangiomas and ovarian endometriosis in Greece. We strongly believe that the report of this synchronous presence of giant splenic hemangioma and multiple hepatic hemangiomas associated with oral contraceptives represents a challenge of further investigation of a possible causative correlation. We also included Dr Ioannis Pachiadakis as a last author of our manuscript for his precious help in the revision of our article and we kindly requested from Journal’s Editorial Team to give us the permission for this. In order to have an adequate documentation to answer 3d referee’s comments the initial reference’s number was 24. But due to journal’s restriction (up to 10), we did our best to minimize references (14) which they still exceed the above limit, but they’re valuable for us. We also kindly requested from the editorial team to accepted the above irregularity. Written consent was obtained from the patient for publication of this case report. This manuscript has not been published or submitted for publication elsewhere. Thank you very much for your time.

Looking forward to hearing from you.

Best regards,

Dr George Chatzoulis and Colleagues

ANSWERS TO REFEREES

Referree 1, (1127708051727190_comment.pdf)

1. We eliminated the phrase ‘another important……diagnosis’ from Discussion’s last paragraph (conclusion), in order to emphasize that the
Oestrogen administration and the appearance of hemangioma is our main conclusion. We also eliminated the phrase ‘Wilcox et al ……hemangiomas’ from the abstract-case presentation as must be referred in Discussion according to the referee’s command.

2. Even if there are a lot of examples of tumour regressions after OC discontinuation, there are equally references which support that oral contraceptives’ discontinuation do not affect the tumour size and appearance. On this basis, splenic hemangiomas, as the majority of hemangiomas, could not be precluded from a possible correlation with estrogen administration. We indicate some of the above mentioned references:

Rapid disappearance of hepatic adenoma after contraceptive withdrawal.


Hepatic adenoma and focal nodular hyperplasia.
Shortell CK, Schwartz SI.
Department of Surgery, University of Rochester Medical Center, New York 14642.

[Hepatocellular adenoma, a tumour particularly seen in mostly young women]
[Article in Dutch]
Teeuwen PH, Ruers TJ, Wobbes T.

3. There was no preoperative clinical evidence of endometriosis (Line 4, Case presentation). Allow us to provide the image in the cover letter as there is a restriction for additional image file in the manuscript from author guidelines of the JMCR.

Fig 1. Splenic hemangioma and right ovarian cyst, during and after the surgical excision. The specimen was 20 cm in its largest dimension.

Fig 2. Ovarian cyst with endometriosis. The presence of endometrial epithelium, or stroma in the walls and lining of the cyst is remarkable.
4) Fig 3. Cavernous hemangioma of spleen and multiple hepatic ones with CT hypodense image before IV contrast injection (A), and after with peripheral, centripetal enhancement (B).

5) Pre-splenectomy vaccination was administered 2 weeks prior to surgery (5th paragraph case presentation). The postoperative course was uneventful and the patient after one year follow up is doing well (Last line Case presentation).

6) On the basis of CT and MRI inability to reveal the splenic origin of the hemangioma, we considered the diagnosis difficult.

7) Satiation (we changed it to early satiety, 1st line case presentation) feeling is similar to abdominal distention, no further need for food, because of the increase of intra-abdominal pressure.

8) We defined in the abstract the abbreviation (OC).

Answers to 2nd referee (1643358611171214_comment)
1. We rewritted the abstract.
2. We changed the title referring to the association between estrogen administration and hemangiomas. We also changed the term “diffuse liver hemangiomatosis” to “multiple liver hemangiomas”.
3. We shortened the abstract, we used the same structure as in the text and we eliminated the abstract’s references.
4. We report the case history in abstract.
5. We changed the word “increase” as it is improper, with the phrase “absence of regression” 6th paragraph 18th line of the text.
6. We placed arrows in fig 2, indicated the splenic artery via celiac trunk is intubated.
7. We defined abbreviations first time in the text and we corrected the word “he” to “she”. We also corrected some typos.

**Answers to 3d referee (9114526117245696_comment)**

General: In order to have an adequate documentation to answer referee’s comments the initial reference’s number was 24. But due to journal’s restriction (up to 10), we did our best to minimize references (14) which they still exceed the above limit, but they’re valuable for us.

1. ABSTRACT: We eliminated literature’s reference and comments from case presentation. We focused on two main issues in our conclusion: 1. Association between splenic hemangiomas and oral contraceptives, and 2. Therapeutic strategy.
2. MAIN TEXT-CASE PRESENTATION: We rewritted the case in a logical way: A. Clinical presentation, lab and X-ray findings: 1st paragraph 1-9 line.
   B. We mentioned ovarian cyst (2nd paragraph), the reasons that we preferred surgery (5th paragraph), the outcome (last line).
3. DISCUSSION: General overview of hemangiomas and especially giant one, coexistence splenic and liver hemangioma (1st-2nd paragraph).
4. Difficultings in determining the exact origin, diagnostic modalities, importance of angiography including the embolization (3rd paragraph).
5. Risks associated with giant hemangiomas (4th, 5th paragraph)
6. Treatments options including observation, splenectomy, partial splenectomy, embolization, preoperative embolization (6th paragraph).
7. Relation between estrogen administration and hemangiomas: pathogenetic basis, hypothesis in the presenting patient (7th paragraph).
8. There is no relationship between hemangioma and endometriosis (8th paragraph).