Author's response to reviews

Title: Gigantic retroperitoneal hematoma - a complication of anticoagulation therapy with heparin : Case Report

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Author's response to reviews: see over
Dear Editor

After taking into consideration the comments of the referees we submit our revised manuscript providing at the same time a point to point response to the concerns of the referees.

Reviewer: Stefan Heinrich


   i. Aspirin decreases the risk of subsequent stroke by 15% to 30%, low doses 81/325mg/day are as effective as higher doses and are associated with fewer side effects.

   ii. High dose of dipyridamole used in combination with aspirin is superior to aspirin alone in reducing the risk of stroke in patients who have had TIA or complete ischemic stroke.

2. The case is referred to a retroperitoneal hematoma in a hemodynamic stable patient with signs of paresis of the right quadriceps muscle which responded well to conservative treatment. There was no surgical dilemma of an open abdomen treatment or not because the hemorrhage was self-tamponaded.

   On the other hand a surgical nerve decompression in order to avoid irreversible pressure induced ischemic effects was our main concern. Femoral neuropathy due to a spontaneous hematoma of the iliopsoas muscle during therapy with heparin calcium. Casoni P, Dalla Valle R. Instituto di Clinica Chirurgica Generale e dei Trapianti d Organo Uniwersita degli Studi di Parma. –Femoral neuropathy secondary to anticoagulant therapy. Sreenivas VI, Pelliccia O Jr, Job G, Ragazza EP, Robinson F. Int. Surg. 1980 Ma – June 65(3): 279-81. Non operative treatment is recommended in asymptomatic patients with moderate need for blood

We didn’t consider an embolization as an alternative solution because there was no signs of an uncontrolled hemorrhage; the MRI didn’t provide us with the necessary data of the bleedings origin and there was no history of trauma. Vascular and Solid Organ Trauma - Interventional Radiology. - Christopher Morris, MD, MS, Program Director, Department of Vascular and Interventional Radiology, Associate Professor, Department of Radiology, University of Vermont College of Medicine. According to literature percutaneous embolization should be considered in the event of failure of conservative management and development of hypovolemic shock and when signs of localized active bleeding are present on CT.

3. INR value is referred 3 times i. before admission, ii. During the evaluation and iii. On the 5th hospital day.

**Reviewer: Markus Müller**

The table of the lab values cannot be neglected because

i. Is the less expensive lab test that provides the most valuable information when hematological disorders are suspected.

ii. The symptoms are discussed with every detail in more than 3 paragraphs (case)

iii. Diagnostics are discussed step by step (case) from hematological lab tests till brain-CT, abdomen and pelvis CT – MRI

iv. Treatment is also discussed from the initial phase: aspirin, dipyridamole, mannitol, heparin till the final CT and MRI findings: red cells, FFPs, fluid overload

**Reviewer: Christine Maurus**

The report from Sasson Z, Mangat I and Peckham KA, Can J Cardiol 1996 overlooked our attention and we have modified the manuscript so that this report is referenced.

We rewrote the part of the abstract that cause the referees misleading.

Low molecular weight heparin is no longer referred

The threshold for bleeding of INR>4.5 is underlined by new literature

The table of the lab was reevaluated

We consider the help of the reviewer’s very important in order to bring forward our modified manuscript.

We would like to thank you in advance for the opportunity we were given to re-evaluate our work and we are looking forward hearing from you.
Yours sincerely

Stavros I. Daliakopoulos