Author's response to reviews

Title: Ruptured ovarian cystic teratoma in pregnancy with diffuse peritoneal reaction mimicking advanced ovarian malignancy: a case report

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Author's response to reviews:

Dear Editor,
Journal of Medical Case Reports

RE: Revised manuscript on `Ruptured ovarian cystic teratoma in pregnancy with diffuse peritoneal reaction mimicking advanced ovarian malignancy: a case report¿/ 09.02.2008

I have thoroughly revised the manuscript again according to the revised instructions from the peer reviewers.

I have revised the spelling etc. and clarified the points raised by Dr Purcell.

1. At the original surgery, were peritoneal washings done immediately after entering the peritoneal cavity. If so, what did the cytology show. If not, why not?
Answer:
In view of almost definite clinical diagnosis of ovarian dermoid cyst, peritoneal fluid was not sent for cytology.

2. What did the other ovary look like at the original operation? Was it biopsied, and if so, what did the pathology show?
Answer:
The other ovary looked normal clinically normal. Therefore, it was not biopsied.

3. In the discussion, please expand on the evidence found for the use of steroids. What sort of evidence and what were the outcomes?
Answer:
Evidence is the paper published by Cade D and Ellis H titled `the peritoneal reaction to starch and its modification by prednisone¿ in Eur Surg Res. 1976;8(5):471-9.
It is an experimental model with rats a massive granulomatous reaction induced by intra-peritoneal inoculation of starch was significantly reduced only when Prednisone at a dosage of approximately 1 mg/kg daily by the oral route commenced 2 weeks before inoculation. Therapy commenced at the time of starch inoculation had only a minor effect on this response, but if commenced 2 weeks after inoculation failed to ameliorate the granulomatous reaction.

This is an interesting rare clinical presentation of ruptured dermoid cyst in pregnancy. This highlights importance of awareness and using clinical skills with appropriate investigations for optimal management of this potentially life crippling complication.

If you need further information, please contact me at d_maiti@yahoo.co.uk.

Kind regards
Yours sincerely

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