Reviewer's report

Title: A young female with massive hemoptysis and deep venous thrombosis: HUGHES-STOVIN SYNDROME.

Version: 3 Date: 8 June 2009

Reviewer: yasser emad

Which of the following best describes what type of case report this is?: An unexpected event in the course of observing or treating a patient

Has the case been reported coherently?: No

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: Yes

Will the case report make a difference to clinical practice?: Yes

Is the anonymity of the patient protected?: Yes

Comments to authors:

COMMENTS TO THE AUTHORS

The abstract section

The presence of recurrent mouth ulceration is totally against the diagnosis of HS syndrome,
do you have any other support for presence of recurrent mouth ulcers in HS syndrome, or may be the case is incomplete Behcet’s disease from the start which may be atypical specifically the patient is female, where Behcet’s disease is much more common in males.

INTRODUCTION:
The authors mentioned that “There are no laboratory tests, which are diagnostic
of Behcet’s disease, and the diagnosis is made based on clinical criteria “ this part need rephrasing because a patient to have complete Behcet’s disease must have recurrent oral ulceration with at least two of the following: recurrent genital ulceration, eye lesions, skin lesions or a positive pathergy test , so it is mainly clinical criteria and not diagnostic lab test .

- It affects mainly young males with only two cases reported in females. [10], , this reference is report in a young boy and not in a female patient as you mentioned, how ever Emad et al., reported two cases with HS one of them was female, so this reference no [10] needs correction.

- I wandered why the patient underwent pulmonary angiography? “ the authors claimed to rule out other pulmonary aneurysms”, in fact contrast enhanced CT is non invasive tool for such condition and no need to do invasive procedures after that specially that she developed later DVT mostly at the site of the Cather introduced to perform pulmonary angiography.

- Put the following early “ Ophthalmologic examination was obtained and it showed no evidence of iritis or retinal vasculitis; however, the patient was found to have optic disc swelling (papilledema). Because it is a clue that the patient is not Behcet’s disease.

The definitive lines of treatment started so late { methylprednisolone 1gm intravenously for 5 days, azathioprine 50 mg/day orally, increased gradually to 150 mg/d, and colchicines 0.5 mg bid. Although the diagnosis is clear after the initial CT done which showed pulmonary artery aneurysm

I wander if the diagnosis is straight forward if we started with this treatment we would have the same response and saved unnecessary surgery with lower lobe resection. However on the other end of the spectrum: did the patient developed life threatening hemoptysis? Or just attack of moderate to severe hemoptysis, I guess that the attack is not life threatening specially a lot of investigations were done before the surgery { Chest x-ray and Computed Tomography (CT), Magnetic Resonance Imaging (MRI) of the brain, Transthoracic echocardiography, Cardiac MRI, pulmonary angiography }.

why invasive pulmonary angiography while technique like Multislice CT is useful in demonstrating the entire spectrum of thoracic manifestations of BD. Multislice CT is noninvasive and provides excellent delineation of the vessel lumen and wall and perivascular tissues, as well as detailed information concerning the lung parenchyma, pleura, and mediastinal structures.

Important features on CT should be described like { Aneurysms of more peripheral branches of the pulmonary artery could be demonstrated on HRCT scans as enlargements of the vessel in comparison with the caliber of the corresponding bronchus; in obliquely or longitudinally sectioned scans, peripheral pulmonary vessels showed irregularities along the vessel wall, enlargements, narrowing, and cuts off. If sectioned transversely, they showed a star-shaped configuration.

Third and most important is the size of the aneurysm which is not huge, so I do not find explanation to perform lower lobe resection, and if the authors examined
the literature well, they will find a lot of reports about successful medical
treatment of such cases and more severe ones actually.

The authors described the condition as one single pulmonary aneurysm, how
ever the CT cuts shewed evidence of other small, what so called mycotic
pulmonary aneurysms with or without thrombi and some times leaking into the
lung parenchyma and this explain the frequent hemoptysis affecting these
patients within this domain.

The discussion showed be adjusted in view of the above mentioned comments.

Stress the reason behind doing lower lobe resection in this case, and why not
you tried first medical treatment, so as not to give a wrong massage that every
patient with such condition should under go lobectomy.

What is the outcome of the intra-cardiac mass you mentioned and you did not
comment on it after that

Quality of written English: Needs some language corrections before being
published