Author's response to reviews

Title: Volcano-like intermittent bleeding activity for 7 years from an arterio-enteric fistula on the kidney graft site after pancreas-kidney transplantation

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Author's response to reviews: see over
Dear editorial team, referee 1 and referee 2,

thank you very much for the possibility to improve our case-report for the readers of the *Journal of Medical Case Reports*.

Below we address each comment of the referees.

We highlighted all made changes in the text for the convenience of the referees.

We included the ethnicity of the patient in the case presentation section of the manuscript and in order to protect the patient's identity, removed the dates of treatment from the case presentation.

**Comments to referee 1:**

1. *However, I do not believe one can conclude from this case report that the intermittent bleeding occurred from this fistula.*

Indeed our case report is very surprising to the team, which cared for this patient over many years. However, the photograph of the transplant site presented in this case report clearly shows the arterio-intestinal fistula and bleeding stigmata in the intestine. The pathologic result at the end of a case, not seldom is surprising to the treating physician. Therefore, pathologic examinations still teach us important lessons for future decision making and for the benefit of our patients.

2. *...I was disappointed at the brevity of the discussion..*

We extended our discussion, added some more citations (from 16 to 18) and hope that this has improved the discussion and will now give the reader more additional points to consider for interpretation of this case.

**Comment to referee 1 and referee 2:**

3. *...I believe that your conclusion, although well intentioned, might be a little strong given your case report. I would try and improve the discussion and try and soften your conclusion (regarding removing the first kidney allograft at the time of the second kidney transplant).*

We agree with both referees, that angiographic means should be repeatedly performed as we did in this case. Repetitive angiographic, endoscopic, surgical, and scintigraphic diagnostics were performed without revealing the site of bleeding. It is hard to believe that all these diagnostic measures did not lay open the source of bleeding. However, it is the right clinical suspicion in rare or obscure situations which may solve the problem and even may save a life. Therefore, we still think, that the removal of the rejected kidney in our case of repetitive, conservative and invasive surge for the problem with frustrating outcome might have save this life.
However, we clearly emphasized the issue of repetitive angiographic diagnostics in this situation and softened our conclusion with regard to considering to remove the rejected kidney after repetitive negative diagnostic tests.

We hope, that we have met all comments of both referee appropriately and would be happy to see our exceptional case being accepted to the *Journal of Medical Case Reports*.

Sincerely,

Peter Härle
On behalf of the authors