Author’s response to reviews

Title: Acute abdomen due to spontaneous splenic rupture in association with the first presentation of lung malignancy: a case report.

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Author’s response to reviews: see over
Dear Editor,

**MS: 5749080751889835 - Acute abdomen due to spontaneous splenic rupture in association with the first presentation of lung malignancy: a case report.**

This is the response to the comments made by the 2 reviewers for the above case report.

**Response to comments made by reviewer 1 (Dr N Pannell):**

1. Smoking history added
2. Occupational and exposure history added
3. Family history of (absence of) cancer, haematologic and clotting disorders added
4. We documented that there was no trauma or injury in the recent past
5. Staging added (likely stage IV)
6. We have added that there was no features suggestive of infectious illness with no sore throat, cough, sputum, fever and a CRP of 7
7. We have added that there were no symptoms or signs suggestive of HIV/AIDS and that the blood film did not show any abnormal lymphocytes. We did not however specifically test for HIV or EBV
8. We included in the pathology report that there were no features suggestive of haematologic malignancy

**Response to comments made by reviewer 2 (Dr R Sanborn):**

1. We have revised our grammar and spelling as requested
2. The lateral chest X-ray was added
3. Figure 1 is actually our own product. There is no such diagram in the original paper by Renzulli et al. We have, however, referenced it for Renzulli et al simply because we have used the percentages of the various causes of SSR as used in their paper.
4. Ultimate staging (likely stage IV) included
5. Ultimate treatment (palliative treatment including palliative chemotherapy) added
6. The likelihood of a bony metastases was included
7. The fact that the goals of the therapy were palliative from the outset was mentioned
8. The lack of any significant pre-morbid medical or surgical history was documented as requested

We believe that we have answered the reviewer’s comments as best we can from looking at the notes and investigation results. There are a few question that remain unanswered simply because in the clinical context, there was no indication to do those test at that time (HIV and EBV).
We hope that the changes made to the case report would make it suitable for publication.

Thank you,

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