Author's response to reviews

Title: Bowel ischemia in an infant with unspecified renovascular hypertension: Case report

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Author's response to reviews: see over
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Reviewer: Justin T Gerstle

Comments to authors:

1. Figure 1 (US/Doppler): it has important information but the actual figure does not add much to the discussion and could be deleted.

*Thank you for the comment. The figure was deleted.*

2. There are a few grammatical errors that need to be addressed; e.g. “Aggressive angioplastic interventions and open reconstructive surgeries are not indicated when the BP is medically controlled and the organs have normal functions.” should be “Aggressive angioplastic interventions and open reconstructive surgeries are not indicated when the BP is medically controlled and the organs have normal function” or “Aggressive angioplastic interventions and open reconstructive surgeries are not indicated when the BP is medically controlled and the organs are functioning normally”.

*Thank you for the comment. The grammatical error was corrected.*
The paper of Omar O and coworkers presents a case of infantile renovascular hypertension due to congenital multiple visceral arterial stenoses. As the management of these rare cases has not been standardized yet, it is of importance to publish individual therapeutic experience.

In the case presented medical management of hypertension to normal levels resulted in severe bowel ischemia. The patient survived the acute ischemic period, and recovered from the short bowel syndrome.

With a more permissive antihypertensive approach the patient has good organ function grace to the development of collaterals. Further her blood pressure normalized and she is off antihypertensive treatment.

The authors conclude that keeping BP at the highest levels permissible in similar clinical situations may prevent a state of bowel hypoperfusion. When alternative treatments for congenital multiple visceral arterial stenoses are not feasible, careful medical therapy and waiting approach for collaterals to develop may be appropriate.

In order to allow an estimation of the magnitude of the BP raise, please express the BP values as standard deviation scores for age.

* Thank you for the comment. The normal values of the systolic and diastolic blood pressure for the patient’s age and weight were added to the text.

***The Ethnicity of the patient was included in the abstract and case presentation of the manuscript.

*** The added information and the changes were underscored in the manuscript.

*** The manuscript was formatted to conform to the journal style.