Author's response to reviews

Title: "Beware of red herrings in the hip clinic!" - an unusual case of persistent groin pain after total hip arthroplasty: a case report

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Author's response to reviews:

Dear Professor Kidd,

thank you very much for the thorough review and giving us the opportunity to resubmit our manuscript entitled “Beware of red herrings in the hip clinic! – an unusual case of persistent groin pain after total hip arthroplasty” from the Department of Orthopaedic Surgery and Traumatology, Kantonsspital Bruderholz, Switzerland by Konala, Schaefer, Iranpour, Friederich and Hirschmann.

We have addressed all the reviewer comments in a point by point response to facilitate further review.

The final manuscript has been seen and approved by all authors and they have taken due care to ensure the integrity of the work. We declare that all authors have contributed to the paper and are familiar with the contents of the final draft. We hereby affirm that the submitted manuscript is our original work, has not been published or is being considered for publication elsewhere. There is no conflict of interest. Looking forward to hearing from you at your earliest convenience I remain,

Yours sincerely,

Michael Hirschmann, MD

Reviewer comments

Thank you very much for reviewing our manuscript, we appreciated your valuable and helpful comments, which improved our manuscript substantially.

Introduction
1) Pelvic metastases with incidence levels?
   Question was addressed in introduction part.

2) Urothelial skeletal metastasis incidence?
   Information was added introduction

Questions from case presentation

1) At the time of Preassessment did the patient complain of any UTI symptoms?
   No the patient did not complain about any UTI related symptoms.

2) If no symptoms, is a urine dip routinely preformed as part of preassessment?
   Yes indeed, this a standard regimen for patients undergoing total joint replacement.

3) What are the results of the urine dip- nitrites, white blood cells, red blood cells?
   3-20 erys, negative for nitrite and leucos

4) Was urine sent for culture at preassessment?
   No bacteria were found.

5) Were any further tests done before surgery to ascertain if UTI is treated fully?
   None.

6) Were the mets there only on the left side of iliac wing, acetabulum and spinous processeses Looking at the bone scans it looks like bilateral iliac wing, B/L acetabulum, B/L pubic ramii and left sided L5 spinous process. Is this correct?
   This is correct

7) Bone scan and CT scan revealed metastasis but what tests were done to screen and confirm pyeloureteral carcinoma.
   Normaly a CT ureterogram is done which is close to 100% sensitive and 60 % specific followed by ureteroscopy and biopsy. Is this the case?
   What does the histopathology report say?
   Due to the palliative situation no ureteroscopy or biopsy was performed.

8) Was it left or right sided cancer.
   Looking at the CT it looks like left sided.
   Left sided is correct.
Discussion

1) Please discuss on other findings present in urothelial carcinoma?

Most common presenting feature of upper tract urothelial carcinoma is microscopic or macroscopic haematuria 56-98% depending on the series we look at.

Second most common presenting feature is flank pain – 30%

19 % present with features of advanced disease – bone pain, weight loss and anorexia.

Done as suggested.

2) What is the prognosis for this patient and what are the treatment options?

The patient did one year after diagnosis after having palliative chemo 15 dosis Gemzar/Paraplatin and radiotherapy os coccygis and pelvis in 5 sessions