**Author’s response to reviews**

**Title:** Small bowel necrosis complicating a CMV-induced superior mesenteric vein thrombosis: A case report.

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**Author’s response to reviews:** see over
COVER LETTER FOR SUBMISSION OF REVISED MANUSCRIPT

Dear editors of the Journal of Medical Case Reports,

After considering the referees’ comments on our manuscript entitled “Small bowel necrosis complicating a CMV-induced superior mesenteric vein thrombosis: A case report” (Manuscript ID 1425072325593133) we have made the required revisions and re-uploaded the manuscript.

Specifically:

The patient’s ethnicity has been included in the abstract and case presentation sections.

A native speaker (Ms Myrto Kogeavina) has checked the manuscript as requested by referee 4 and has suggested a number of corrections, which have been included in the revised manuscript.

Response to comments and changes made for the review of each referee:

Referee 1

Comments to authors: This is a well written manuscript of a rare medical condition. However, I consider a comment should be added to explain why appropriate anti-viral (anti-cmv) therapy was withheld in this patient before the manuscript is accepted for publication.
CMV infection in immunocompetent patients usually has a self limiting course and anti-viral therapy is controversial. No randomized trial proving the positive effect of therapy is available, while the potential toxicity of therapy has to be taken into account (Rafailidis PI, Mourtzoukou EG, Varbobitis IC, Falagas ME. Severe cytomegalovirus infection in apparently immunocompetent patients: a systematic review. Virol J. 2008 Mar 27;5:47). Based on these observations we did not administer anti-viral therapy to our patient.

Referee 2

Comments to authors: This is a well-written manuscript that reports an extremely rare case of superior mesenteric vein thrombosis due to CMV infection.

Comments

1) Figure 1 in its current form is unsuitable for publication. Please provide figure 1 in higher resolution, indicating with an arrow the thrombosed proximal superior mesenteric vein.

2) Please provide in the revised manuscript the exact dose of small-fractioned heparin that was given to the patient pre- and post-operatively. Is the patient on continuous anticoagulation treatment?

3) Please give detailed information regarding the complete coagulation profile you performed on your patient postoperatively

Figure 1 has been reuploaded in a higher resolution and an arrow indicating the thrombosed proximal superior mesenteric vein has been added.
The anticoagulation treatment given to the patient has been added in detail in the manuscript, as has the patient’s coagulation profile.

Referee 3

The authors described this case in introduction, as extremely rare, but there are similar cases published in English literature and even a recent meta-analysis referring to thrombosis associated with acute CMV. The incidence of thrombosis among acute CMV is estimated at 6.4%, with splanchnic vein thrombosis being more prevalent among immunocompetent patients. Also, it would be useful; if the authors could provide more detailed information regarding the investigating procedures the patient underwent, in order to exclude inherited and acquired predispositions for thrombosis. Finally, it would be very important if the authors could either describe a special or unique characteristic of the patient so the case would be rare, or add evidence that would further explain the causal relationship between CMV and thrombosis. Nevertheless, this report raises physician’s awareness further and the decision of publication is up to the editor.


Our patient had no acquired predispositions for thrombosis such as prolonged immobility, obesity, pregnancy, recent surgery or trauma, indwelling central venous catheters, use of hormone replacement therapy or oral contraceptives. The anticoagulation profile check has been added in detail in the main text.

We too agree that the publication of this case would serve to further raise awareness of this condition and add to the growing body of evidence linking CMV and thrombosis.

Referee 4

Comments to authors: The described complication of CMV is rare. It is, however, again an indication that CMV infection may lead to thrombotic complications, not only in leg or lungs. There is no description of the resected jejunum given. One would like to know whether there were signs of CMV in the intestines. Of course ischemia is also by thrombus formation without intestinal CMV infection. Another issue is that I would prefer more information on the effects of CMV on coagulation proteins, and on what is known about the risk of venous thrombosis in this quite common infection.

Additional comments

Abstract. Conclusion: Acute CMV infection can contribute to the occurrence of mesenteric etc. (not: rarely cause..) Next sentence is too strong. I would suggest: It is important for physicians and pathologists to be aware of the possible thrombotic
complications of CMV infection. Last sentence of abstract: potentially lethal (instead of almost lethal) Page 3, last paragraph first line: suggestion: On day 6 after admission the patient complained of diffuse abdominal pain. Finally, I would advise to ask a native speaker to check the whole manuscript.

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

The pathology report (including immunohistochemistry) did not mention the presence of CMV inclusion bodies in the resected jejunum, which was perhaps to be expected since as stated by the referee there was no intestinal CMV disease.

The conclusion of the abstract was changed according to the referee’s comments. In the first line “rarely cause” was replaced by “contribute to the occurrence of”. The next sentence was replaced by “It is important for physicians and internists to be aware of the possible thrombotic complications of CMV infection”. In the last sentence “almost lethal” was replaced by “potentially lethal” and similar changes were made to the text.

On page 3 the first line of the last paragraph was changed to “On day 6 after admission the patient complained of diffuse abdominal pain”.

Please inform me of any further changes you would like us to make.

Thanking you in advance, I remain,

Sincerely yours

John Kalaitzis MD