Author's response to reviews

Title: A patient presenting with densities in the left innominate vein after removal of an implantable venous device: a case report

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Author's response to reviews: see over
TO: Professor Michael Kidd AM, Editor-in-chief Journal of Medical Case Reports

FROM: James van Bastelaar, M.D.
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Re. Re-submission to Journal of Medical Case Reports

Groningen, 9 April 2012.

Dear Professor Kidd,

Hereby we would like to submit our revised manuscript ‘A patient presenting with densities in the left innominate vein after removal of an implantable venous device: a case report’

As requested, the following changes have been made to this manuscript:
- the title has been adjusted
- the header ‘case report’ has been changed to ‘case presentation’
- separate headers for Consent and Competing interests have been added
- the authors contribution section has been revised

I would furthermore like to respond to the reviewers’ comments and questions.

Reviewer Sherif Shehata:
1. The reason why the catheter is not sent for histopathology is due to the fact that the length of the catheter fragment in situ varies from patient to patient. The required length of the catheter is determined peri operatively and therefore would be difficult for a pathologist to determine if the catheter fragment is complete.
2. That is why we would recommend carefully documenting the precise length of the catheter upon insertion and upon removal. This task should be performed by the surgeon.
3. The left innominate vein was not recannulized
4. We did not place a second indwelling catheter. If we do choose to place a second indwelling central venous catheter (after previous placement of CVC) at our institution, we perform a duplex of both subclavian veins and both jugular veins. If all vessels are open, we generally choose catheter placement from the left side as that is technically easier.
5. We cannot determine whether the catheter material used plays a role in these rare complications; certain risk factors have been described in the literature, i.e. use for TPN and length of placement.
6. Our experience with this complication is limited (n = 1); we would suggest careful documentation of the length of the catheter upon placement and removal to eliminate foreign body as a cause of these complications.
Reviewer Mohamed Fahmy:

1. References have been removed from the conclusion section
2. Regarding the last 4 lines in the conclusion; we think it is imperative for clinicians and radiologists to consider peri catheter calcifications, so unnecessary surgical exploration can be avoided. The last sentence has been changed to ‘We would like to highlight the importance of these diagnostic considerations in this clinical setting.’

We hope that this revision in the conclusion section is sufficient.

We hope you would like to consider the revised manuscript for publication in the Journal of Medical Case Reports. Should you have any questions regarding this revised manuscript, please feel free to contact me at any time.

Yours sincerely,

James van Bastelaar