Author's response to reviews

Title: TTP, ET, and ITP sequential occurrence in a single patient: a case report and review of the literature

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Author's response to reviews:

January 23rd, 2012
Dear Editor,

Please find enclosed the manuscript entitled below

Title: TTP, ET, and ITP sequential occurrence in a single patient: a case report and review of the literature

Authors: Farhat MH, Kuriakose P, Jawad M, Hanbali A

Changes that were made based on reviewer's comments were highlighted in red and are as follows:

1- Jak 2 mutation testing was still not available at that time; however, the patient tested positive in the subsequent years which was in agreement with the bone marrow biopsy findings of TTP

2- Patient was started on Aspirin and Anagrelide upon which her platelet count decreased to 700,000/mm3. However, Anagrelide was discontinued in May 2001 secondary to peripheral edema causing lower extremity discomfort and patient was started on hydrea 500 mg daily instead. The platelet count ranged from 270,000/mm3 to 726,000/mm3 from March to October 2001. However, in October 2001 and while still on the same dose of hydrea, the platelet count suddenly dropped down to 12,000/mm3. Hydrea was immediately stopped. Initially, TTP was highly suspected but hemoglobin, bilirubin and LDH were normal. Peripheral smear was negative for schistocytes. Spleen exam was also within normal. Bone marrow biopsy was performed to rule out TTP versus bone marrow suppression but it showed abundant megakaryocytes and absence of stainable iron. The patient was transfused with 12 units of platelets, and her plateletes were 90,000/mm3 post transfusion, but in less than 12 hrs the plateletes went down to 25,000/mm3. These findings raised the suspicion of ITP. She was started on dexametahsone 40 mg for four days with no improvement in
platelet count and on day 4, intravenous immunoglobulin was introduced upon which her platelets recovered to 290,000/mm3 which confirmed the diagnosis of ITP.

This is the patient’s follow up which is not included in the original report because we did not feel that it will change the picture or alter the diagnosis but will sound like repetition and might lose the reader but can definitely be added if the editor requests so.

The patient’s platelet count went down to 60,000 in 2003 upon which a bone marrow biopsy was done again and showed trilineage hematopoiesis with high normal megakaryocytes which goes with peripheral destruction as in ITP. Accordingly patient was treated with prednisone again in 2003 with improvement in her platelets to the 300,000 range and they remained in that range since then.

3- The word “quadrant” was removed.