Author's response to reviews

Title: Acute leukemia in pregnancy Refusal of treatment : a case presentation

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Version: 2 Date: 20 February 2013

Author's response to reviews: see over
Title: Acute Leukemia in Pregnancy

Refusal of treatment: Case Presentation

Authors: Syheda Latifi Hoxha, Vlora Ademi Ibishi, Ahmet Brovina, Mynevere Hoxha, Shefqet Lulaj

Dear Editorial

Thank you for reviewing our manuscript.

Please find below point by point Reviewers comments and our response to these concerns.

Referee 2: Comments and Response

1. Title; Would consider removal of “life threatening decision” as reader is already intrigued by the refusal of treatment

   Status: Changed as required.”life threatening decision “removed.

2. ABSTRACT

   Introduction

   Change to “both to the mother and fetus”

   Status: Changed to”both to the mother and fetus”

3. Case report

   Omit Herein and begin with “We”

   Status: Changed as required

4. Case report
Refree 1: Comments and Response

1. Classification of the Acute Myeloid Leukemia according to WHO standards must be included, with cytogenetic and molecular characteristics. This would help to understand the association between pregnancy and leukemia relapse, as higher rates of relapse are associated with specific disease characteristics.

**Status: Classification according to WHO standards included.**

2. In paragraph 2 of the discussion, risk of bleeding is "attributed to
disseminated intravascular coagulation”. Despite it can happen in any acutemyeloid leukemia, this specific issue is highly associated to acute promyelocitic leukemia (M3, t(15;17), PML-RARA), which is not mentioned in the text, but yes in the bibliography. Low platelet level (<20,000 /ml) is associated with increased risk of spontaneous bleeding.

**Status: Added- the most common leukemia’s associated with DIC (pg.6)**

3. White cell counts at relapse time were 45 x10^9/L, with 50% blasts (3rd parragraph of the case report). I would appreciate any comment about blood counts evolution from week 23 to week 35, and any other complication. Leukemic patients are in higher risk of infection. Did the patient receive any prophylaxis???

**Status: Changed as required. Added text about urinary infection, antibiotic therapy and blood count. (pg.4)**

4. Coagulation results should be reported according to international standards (6th parragraph of case report) using Protrombine time or INR and Activated partial thromboplastin time.

**Status: Changed as required- Coagulation results reported according to IS.**


**Status:Actual Refferences has been added.**

In addition to the reviewers comments, the following formatting changes are required for our paper:
1. Please include the ethnicity, sex and age of the patient in the abstract.

   **Status:** The ethnicity, sex and age of the patient included in the abstract.

2. Please include the ethnicity, sex of the patient in the Case presentation.

   **Status:** The ethnicity and sex of the patient included in the case presentation.

3. Please replace the header “Case report” with “Case presentation”?

   **Status:** The header “Case report” replaced with “Case presentation”

4. Please include a figure title and legend section after the reference list.

   **Status:** A figure title and legend are included after the reference list.