**Title:** Acute leukemia in pregnancy Refusal of treatment : a case report

**Authors:**
- Syheda Latifi Hoxha (drysyheda@yahoo.com)
- Vlora A Ibishi (drlora@hotmail.com)
- Ahmet Brovina (drabrovina@yahoo.com)
- Mynevere Hoxha (minka1956@yahoo.com)
- Shefqet Lulaj (shlulaj@yahoo.com)

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**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.

Formatting changes respectively: Consent section, author’s contribution and study design of the title are included.

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

Refree 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

2sc paragraph remove “she”

**Status: removed “she”**

5. Page 4

first sentence replace “23 weeks of gestation” with “that time”

**Status: “23 weeks of gestation” replaced with that time”**

6. Last paragraph first line semi colon after aggravated

**Status: changes done; semi colon after aggravated**

7. Second line replace first part of sentence with “there was also evidence of fetal distress

**Status :Changed as required. First part of sentence replaced with “there was also evidence of fetal distress**

8. Pictures

Not convinced either picture adds to the report.

**Status: Picture adds convinced to the 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 acute myeloid 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 text- 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 paragraph of the case report). I would appreciate any comment about blood count 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. It has been added text about urinary infection, antibiotic therapy and blood count. (pg.4)

4. Coagulation results should be reported according to international standards (6th paragraph 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 References 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.