Author's response to reviews

Title: Meig’s Syndrome presenting with Axillary Vein Thrombosis and Lymphadenopathy: A case report

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Version: 3 Date: 24 April 2013

Author’s response to reviews:

Re 7201876119153457 - Meig’s Syndrome presenting with Axillary Vein Thrombosis and Lymphadenopathy: A case report

Dear JMCR,

Thanks you for the recent review of this article

We have made the changes suggested by the reviewers as follows

Reviewer 1/
No changes required

Reviewer 2/

1. How was the patient haemodinamically? Echocardiogram? Didn’t she have indication for thrombolysis?
I have added the details of the review from the vascular team

2. Why prophylactic IVC filter? Formal indications for IVC filter are thrombosis under anticoagulation and contraindications for anticoagulation.
Case Presentation, 8 paragraph
The vascular team thought this would be a good idea prior to surgery in case of occult pelvic or leg DVT. I have omitted this from the case as it was not central to the case.

1. What type of investigation was done by the haematology team and under what anticoagulant?
The haematology team did a large number of tests and I have added some of them to the text. All the tests were unremarkable.

2. Did she develop pulmonary hypertension?
There have been no problems post operatively. (I have not added in, but did add in the recent arrival of a baby)

3. Why the publication after 5 years? Time needed for declare healed disease?
We thought this an appropriate interval and the recent pregnancy was a prompt to complete the paper

4. It would be of interest to have case images.
I have added in 1/ Imaging and 2/ Pathology

5. What kind of follow-up?
Regular surgical follow up every 6 months

Conclusion
1. Reference to patient age, also infrequent.
I have added this in
- Minor issues not for publication

Discussion
Knowledge of other forms of presentation described in literature like cardiac tamponade would enrich the discussion.
I have added in this reference

Discussion, 1 paragraph
1. Demons-Meigs eponym is reserved for the description of ovarian fibromas and granulosa cell tumours and Demons' syndrome includes all benign genital tumours. Why not Demons-Meigs syndrome?

Discussion, 3 paragraph
I am not sure this degree of detail would benefit the routine reader

1. …but a cytologically a bland appearance...

Discussion, 4 paragraph
1. Any suggestion for thrombosis pathogenesis in this case?

Bibliography
1. Poor, without reference to recent articles and reviews like:
I have added these two references into the discussion section.

Editorial comments addressed

- Please use the term female in describing the patients gender both in abstract and case presentation sections.
I have made the changes in the revised manuscript

- Please include the ethnicity of the patient in the abstract and in the main case presentation section of the manuscript.
I have made the changes in the revised manuscript

- Please include an introduction. The introduction section should explain the background of the case, including the disorder, usual presentation and progression and an explanation of the presentation if it is a new disease.
I have added in the introduction (apologies)