Author's response to reviews

Title: A 19yo male with Sickle Cell Disease Presenting with Spinal Infarction: a case report

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Author's response to reviews: see over
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Dear Journal of Medical Case Reports:

We would like to re-submit the attached Manuscript, “A 19yo male with Sickle Cell Disease Presenting with Spinal Infarction: a case report” for consideration for publication in the case report section of the Journal of Medical Case Reports. This manuscript reviews a case of a sickle cell patient presenting with a spinal cord infarct. This is only the third case report of spinal cord infarction in association with sickle hemoglobin with the most recent being 30 years ago.

The imaging findings of this case were reported in “MRI of cervical spinal cord infarction in a patient with sickle cell disease” (Marquez et al. Clinical Imaging 36: 595-598, 2011). This paper described the use of diffuse-weighted imaging in the diagnosis of spinal infarction in this patient. The clinical setting, physical findings, laboratory investigation, treatment and subsequent course were not covered. Our paper is important to the literature because it covers these aspects of the case and reviews the literature on previously reported cases. This is an unusual presentation and unexpected event in the course of a patient with SCD and deserves greater exposure in the hematology community.

This paper has not been published or accepted for publication. It is not under consideration at another journal.

We believe that all of the editors would find this manuscript intriguing. We do not have any particular reviewers in mind for this paper. We appreciate reviewer Javier Corral and Roberto Stasi for their comments. Changes were addressed in the updated manuscript.

1. For Reviewer #1 (Javier Corral)
   - The conclusion was deleted and the discussion was reformatted and edited.
   - The references were revised accordingly
   - The section on hemostatic state and hypercoagulable state were reviewed in the introduction section though we do not believe that this should be the primary focus on the manuscript.
   - The method used to diagnosed factor V Leiden is indicated. The patient was heterozygous for factor V Leiden. This is mention in the manuscript. We did not
have the opportunity to confirm the presence of this polymorphism in the patient’s relatives. This should definitely be considered in future cases.

- We did add a section exploring other polymorphisms associated with stroke in patients with sickle cell disease like ANXA2, TGFBR3, TEK, ADCY9.
- As mentioned in the letter to the editor, the Marquez et al clinical imaging paper is mentioned in both introduction and discussion.
- FVL is changed to factor V Leiden
- Antithrombin III is changes to antithrombin

2. For Reviewer #2 (Roberto Stasi)

- The prothrombic changes in the hemostatic system reported in sickle cell disease are described in detail.
- SNPs like ANXA2, TGFBR3, TEK, ADCY9 have been found to have some association increased stroke in sickle cell disease. It may not be necessary to recommend molecular genetic testing in patients with sickle cell disease at this time. Further studies should be continued and this is why this manuscript is necessary to the sickle cell disease providers as it brings up additional studies to consider.

3. For the editor: The changes were addressed and the figures were updated to reflect what the arrows indicate

We have noted no conflict of interest with the content of this paper and the senior editor, associate editor, and reviewers of Journal of Medical Case Reports.

Dr E. Leila Jerome Clay is currently associated with Georgia Regents University and those changes are reflected on the title page.

Sincerely,

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