PAVM presenting as difficult-to-control asthma: a case report

This case report pointed out a through diagnostic problem but there is a lot of modification to do to be in agreement with anatomy and with the HHT guidelines:
1. Title: OK
2. Abstract:
   a. Diagnosis of HHT is a clinical diagnosis which no needs genetic proof except if
we do not have 3 signs. Here the patient had epistaxis, telangiectasia and PAVM it’s enough to say that he has HHT.

b. The interest of genetic is to know what kind of HHT it is and here we known that it was “Endoglin”, why not to say that here.

c. It is not the left lower lobe but lingual with is part of the left upper lobe.

3. INTRODUCTION

a. In general: too long introduction; a lot of subject in it could be part of the discussion.

b. Page 6: PAVM is an abnormal communication between pulmonary artery and pulmonary vein but not a communication between systemic artery (bronchial or not) and pulmonary vein. By the way we can have a systemic feeding of a through PAVM.

c. Before to discuss “difficult-to-control asthma” it could be discuss more simply the diagnostic of asthma.

d. Page 7: “large airway obstruction” whitten twice

4. CASE PRESENTATION

a. In the description of CT pulmonary angiogram, there is no description of 3D reconstructions which are commented in the discussion.

b. Page 9: We do not used stainless coils Johnson-Johnson but usually to avoid material migration, we use device with one third more than the size of the feeding artery.

c. It can be said if the father had the HHT which is an element for the diagnosis, if not why? Is he unknown? Dead?

5. DISCUSSION

a. Why three-dimensional CT? that mean volumic CT?

b. Here too: genetic is not useful here to confirm HHT. Diagnosis is made on clinical signs following the Curacao criteria.

c. Page 9 to 10: What is the meaning of “In general” in “In general, these malformation are single” That is probably false in ENDOGLIN patient, and in the case proposed there were multiple PAVM.

d. Even if MAVP are more numerous in the lower lobes it seems difficult to say that two simple PAVM were of an “uncommon” localization.

e. The reference saying that chest radiographs are abnormal in 98% of patients is from 1959, period without CT and is in opposition with the sensitivity given too sentences after for chest X-ray at 70% (1998) and 97% for CT (1994).

f. “.. what is also confirmed with our case”: it seem difficult that a single case “confirm” a series; it only observes the same thing.

6. CONCLUSION: no comment

7. FIGURES:

a. Figure 1-2 and 3 demonstrate un PAVM in the lingula with is part of the left
upper lobe and not of the left inferior lobe.
b. Figure 4a It seem that there is also a right lower lobe PAVM.
c. Figure 5: coils in the right upper lobe are not well coalescent with a high risk of reperfusion.
d. Figure 6: bad quality with movement artifacts and bad substraction making invisible a possible PAVM of the inferior lobe.

8. REFERENCES: no comment

**Quality of written English:** Acceptable

**Declaration of competing interests:**

'I declare that I have no competing interests’