Reviewer's report

Title: An unusual presentation of swollen arm: a case report

Version: 1 Date: 12 July 2013

Reviewer: Scott Stevens

Which of the following following best describes what type of case report this is?: Unexpected or unusual presentations of a disease

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: Yes

Will the case report make a difference to clinical practice?: Yes

Is the anonymity of the patient protected?: Yes

Comments to authors:

Drs. Kidd and Broderick present a case report of spontaneous upper extremity deep vein thrombosis to highlight the importance of this entity as a cause of upper-extremity symptoms that might otherwise be thought to have a musculoskeletal etiology.

The case is interesting and of good educational value. I have a number of concerns, particularly in regard to items in the discussion, as well as some minor suggested corrections and improvements. These are detailed below according to order of occurrence in the manuscript.

Abstract

First Paragraph
I think “potential” should read “potentially.”
I think “report on” should read “report.”

Case Presentation.
First Paragraph

The second sentence has the phrase “diagnosed with diagnosed with” in it.

It says at the end of the paragraph that “When she woke up the following morning, her left arm was not swollen and discolored. She returned to clinic.” But then in the next sentence it says her arm was swollen and discolored on exam. Was there a change in her symptoms, or is the word “not” a typo?

Third paragraph.

Could you describe in a little more detail the results of the duplex ultrasound? Ultrasound-based diagnosis of axillary DVT is straightforward, but because the subclavian vein is not accessible for compression maneuvers, achieving a diagnosis in this location is more challenging. (See Ref 1).

You note that her OCP was discontinued. As the patient is sexually active, and was presumably started on warfarin, was an alternative contraceptive method provided?

You note evaluation for “lupus anticoagulant, antithrombin, Protein T, Protein C, Protein S, Factor V Leiden, and “prothrombin allele.” It should be noted whether the Protein C and S studies were functional or antigenic. By “prothrombin allele” do you mean the Prothrombin 20210 A/G mutation? Lupus anticoagulant, functional Protein C and Functional Protein S can all be influenced by warfarin, and to some degree by the presence of acute thrombosis. At what time point were these studies obtained? You chose to obtain lupus anticoagulant, but no mention is made of Cardiolipin or Beta-2 glycoprotein I antibodies. I am unfamiliar with Protein T. Also, since the utility of thrombophilia evaluation is controversial, this should be covered in the discussion (see below).

You mention prescription of a compression sleeve. This intervention is also controversial and should be covered in the discussion (again, see below).

I think “INR” should be in parentheses after spelling out “International Normalized Ratio.”

Fourth Paragraph

What happened to the patient following the vascular surgery consult? Was an intervention undertaken?

Discussion
First Paragraph
You say UEDVT is “rare” but then go on to note it represents up to 10% of cases of thrombosis. Venous thrombosis is the third most common cardiovascular disease, and I would argue that 10% of this incidence is not rare. It is reasonable to say that musculoskeletal disorders are a much more common cause of similar symptoms.

Third Paragraph

You note that her “hypercoagulable screen” was negative. It is controversial whether such tests have utility in spontaneous UEDVT, but your brief statement implies that these are standard of care. The discussion should contain some mention of the controversy surrounding these tests, as many clinicians may reasonably choose not to order these. Also, what constitutes a complete screen is controversial. In this case, the assessment for antiphospholipid syndrome was incomplete.

You might mention than it is not uncommon to find bilateral narrow thoracic outlets in a patient who presents with unilateral UEDVT (See Ref2).

Fourth Paragraph

You mention therapy with a compression sleeve for one month. You previously noted that you provided anticoagulation therapy according to the AT9 guidelines. However, the same guideline suggest against using compression sleeves: “9.4. In patients with acute symptomatic UEDVT, we suggest against the use of compression sleeves or venoactive medications (Grade 2C).”3 While this is a GRADE 2C statement, and a clinician can reasonably choose against it, your brief statement implies that compression sleeves are standard therapy. I would suggest modifying the statement to indicate to the reader that this intervention may not be standard.


Quality of written English: Needs some language corrections before being published

Declaration of competing interests:

'I declare that I have no competing interests’