Author's response to reviews

Title: Schistosomiasis manifesting as a colon polyp: a rare finding

Authors:

Mona OSMAN (osmanmona@live.com)
Georges AFTIMOS (drg.aftimos@gmail.com)
Iyad ISSA (iyadissa71@gmail.com)

Version: 3
Date: 3 June 2014

Author's response to reviews: see over
Author’s response to reviews

Title: Schistosomiasis manifesting as a colon polyp: a case report of a rare finding

Authors:
Iyad ISSA (iyadissa71@gmail.com)
Mona OTHMAN (osmanmona@live.com)
George AFTIMOS (drg.aftimos@gmail.com)

Version: 2 Date: 3 June 2014

Author’s response to reviews: see over
Object: Journal of Medical Case Reports MS: 6933590211221809- **Schistosomiasis manifesting as a colon polyp: a case report of a rare finding**

Thank you for consideration of our manuscript for publication in your journal.

We have reviewed the above manuscript according to your reviewer’s comments.

**Reviewer # 1 (Dr Fischer)**

1) Why is year abbreviated? "20 y old" should be change to 20 year old, this is a formal scientific article not a patient admission note  
   • Done

2) You state that the biochemical profile was normal except for mild anaemia. Anaemia is not a biochemical test but a haematological measure of haemoglobin level, this should be changed  
   • Done

3) The term 'schistosoma mansoni' is needs to be in italics as this is the correct scientific nomenclature, then should appear as S. mansoni thereafter  
   • Done

4) This phrase is unclear & i suggest is rephrased. "Serologic tests by detecting one of the two gut associated parasite proteins: the circulating anodic antigen (CAA) and the circulating cathodic antigen (CCA)[17] endoscopy and pathology"  
   • Changed

5) When you comment on the study out of Riyadh by Mohamed AR, Al Karawi MA, Yasawy MI. Schistosomal colonic disease; you state that: "However, they did not mention whether those patients had inflammation or not and whether a patient had a described schistosoma egg or parasite in the polyp". While it is true that they do not specifically comment on concurrent inflammation associated with the schistosoma polyps, they clearly state that the polyps have schistosoma ova (Table II) You need to change your statement.  
   • I agree, statement rephrased to reflect the true meaning in the original text.
Reviewer #2: (Dr Jeraldo)

Correct scientific names to be highlighted.

- Scientific names adequately used

"The patient was treated with Praziquantel (Biltricide) 600 mg 8 tabs divided into 2 doses 6 hours apart. She showed immediate marked clinical improvement and most of her symptoms disappeared within 2 days." Clarify that clinical improvement was probably due to the surgery and not directly from the drug treatment

- Thank you for your comment. The patient was given treatment 2 weeks after the polypectomy and therefore no doubt that the benefit was due to the treatment itself.

Reviewer #3: (Dr Clerinx)

General comments:

Not well focused in its discussion: the real topic is here: diagnosis of schistosomiasis in migrant.

- The paper actually focuses on the unusual presentation through a colon polyp in the absence of any surrounding inflammation in a young patient

Serious flaws in reporting diagnostic methods and workup.

- Thank you for your suggestions. I hope it is better delineated now.

Case report could be shortened, because limited interest

- Not possible due to the added data and discussion suggested by Dr Clerinx

Discussion:

P3:

Mortality is limited, but morbidity widespread. Most of intestinal morbidity is mild in light to moderate infections.

- Statement changed

P5:

Means of diagnosis: serology substrate is not CAA or CCA but purified whole worm antigen and/or egg antigen. CAA and CCA are excreted in urine and used as antigen test to establish active infection. Efforts are under way to detect antigen in serum, but results are not good in light infections. These tests are not used to diagnose schistosome infection. There are substrates of schistosoma antigen tests, not schistosome antibody tests?

Read: Van Gool T., Vetter H., Vervoort T., Doenhoff M.J. Serodiagnosis of imported Schistosomiasis by a combination of a commercial hemagglutination test with Schistosoma Mansoni adult worm antigens and
a enzyme-linked immunosorbent assay with S. Mansoni egg antigens. Journal of clinical microbiology 2002; sept: 3432-3437

Please correct, and describe the role of antibody detection as a screening test for infection in travelers and migrants from endemic countries.

- The whole paragraph was changed and explained and new papers referenced

P5:

In chronic disease, as long there are living adult schistosomes producing eggs, these eggs have a living miracidium, to be found in rectocolonic mucosa. Calcified (devitalized) eggs may persist in tissues many months/years after curative treatment.

Highlight the potential benefit for diagnosis using “rectal snips”.

- Statement included, although this practice seem to be outdated these days.

“sub mucosal hyperblastosis”: what is this?

- Pathologic description removed

Fibrosis is not a prominent clinicopathological feature of colon affected by intestinal schistosomiasis but rather follows egg embolization in periportal liver spaces.

- Although your statement is correct, the following papers reports varying degrees of fibrosis in the colon in chronic intestinal schistosomiasis: Cao J, Liu WJ, Xu XY, Zou XP. Endoscopic findings and clinicopathologic characteristics of colonic schistosomiasis: a report of 46 cases. World J Gastroenterol. 2010; 16(6): 723-7.

P6:

“The follow up and the efficacy of treatment can be assessed by serology, since loss of circulating antigens indicates cure”.

Do not confound serum antibody tests (very sensitive but persisting for years after successful treatment) and antigen tests (CAA/CCA) that are not very sensitive (may miss light infection), not yet available in a routine clinical setting, and turning negative after successful treatment.

Talk about the role of eosinophil count in early and in active schistosoma infections.

- Done

Failures are rare with praziquantel. Consider the therapeutic aim of Praziquantel treatment: “substantial worm load reduction” is the main aim, and a single treatment with praziquantel is therefore sufficient in light infections. A repeated treatment may be indicated in moderate to severe infections. Mention also the (imperfect) correlation between egg excretion and worm burden. To halt the symptoms, “eradication” is not necessary. Mentioning oxamnique and trioxolane is therefore not really appropriate here.

- Statement adjusted for clarification