Author's response to reviews

Title: Congenital Renal Arteriovenous Malformation presenting with gross haematuria after a routine jog: a case report.

Authors:

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Version: 5 Date: 10 November 2013

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Version: 2    Date: 10 November, 2013

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Thank you for consideration of our manuscript for publication in your journal. We have made amendments to the above manuscript according to your reviewer’s comments.

Reviewer #1 (Dr. Srijit Das)

Minor Comments:

*In the abstract section, few clinical features related to the case have to be added. The authors should not try to mention that this is the first case, so on. This can be mentioned in the text, later on.*

- The case presentation section of the abstract has been revised according to the reviewer’s comments to include more about the patient’s clinical background at presentation (see page 2): “We present a case of a 44 year-old Chinese male with no
personal or familial history of bleeding diasthesis that presented with gross haematuria leading to clot retention after routine physical activity.”

*The keywords are defective. The authors have to check it from the MeSH database.*

- The keywords have been revised as per the reviewer’s comments and are listed below (see page 3): Arteriovenous Malformation; Haematuria; Computed X-Ray Tomography; Angiography; Therapeutic Embolisation

*Please add 1 or 2 references in the introduction section. You may cite some reference related to AV malformation.*

- As per the reviewer’s comments, part of the introduction section has been revised to include reference to previously included cited sources (see page 4): “A significant number of patients with renal arterio-venous malformations are hypertensive, and its clinical presentation is variable, ranging from incidental finding in an asymptomatic patient to congestive cardiac failure due to high output from a giant AVM. Its classical presentation is that of gross haematuria, occasionally associated with the passage of blood clots and flank pain.”

**Critical comments:**

*Please add more text on the anatomical sites of the AVM in the body.*

- A paragraph on various anatomical sites of AVM (including uncommon types) has been included in the conclusion section (see page 12): “Congenital AVM is an uncommon abnormal communication between an artery and a vein which causes vascular shunting; while some communicate via small arteriovenous conduit, others are joined via smaller capillary-like pathway or glomus channels. Some genetic
vascular diseases, such as hereditary haemorrhagic telangiectasia are associated with AVM in multiple anatomic sites, including the brain and brainstem, spine, lung and liver. These disorders can be discovered incidentally or during work-up for an unexpected clinical event (such as intracranial haemorrhage in the brain or dyspnoea in the lungs). However, lack of vascular differentiation during angiogenesis can also give rise to AVM in other visceral organs such as the kidneys along with more superficial sites, such as the scalp, face and limbs.”

Please include references:


- The abovementioned references have been included in the references section as per the reviewer’s comments (see page 18-19).

What was the most important aspect in the present case which clinicians should be aware of?

- The following note regarding the case's learning points has been added to the discussion as per the reviewer's comments (see page 7): "The consideration of this diagnosis early during diagnostic work-up was noted to be paramount to management in view of the short chronology of the disease process and the potential for rapid clinical deterioration."

What are the most common diseases which can mimic the present case. Discuss it in detail.
The following comments on differential diagnoses has been added to the discussion section as per the reviewer's comments (see page 8): "Urolithiasis (with or without stone passage) can present like the current case with symptoms such as gross haematuria and flank pain, which was thought to be the initial diagnosis for our present case upon radiologic and cystoscopic examination. However, the persistence of symptoms and clinical deterioration in our present case compelled a second diagnostic approach and hence decision was made to perform CT angiography. The other common differential diagnoses for urinary tract haemorrhage, genitourinary tumours (including malignancies of the bladder, ureter and prostate), can present with similar symptoms and signs, the lack of radiologic, cytologic and endoscopic findings early in the diagnostic process were key in excluding this as a cause for urinary tract haemorrhage in the present case."

Discuss all the other uncommon AVMs e.g. Pulmonary arteriovenous malformations presenting as difficult-to-control asthma: a case report. Marta Navratil et al., Journal of Medical Case Reports 2013, 7:32. doi:10.1186/1752-1947-7-32

• This has been discussed in conjunction with other anatomical sites for AVM (see page 12) and the abovementioned reference has been added.

The authors have to check the style of referencing both in the text as well at the end. Please follow a sample published article.

• The references have been reformatted according to the specifications stated under the Instructions for Authors.

Any history of blood related disorder in the family of the patient? Please mention.
This aspect of the patient history was added to the case presentation section on page 5:

“He had no personal or familial history of bleeding disorders.”