Author’s response to reviews

Title: An Association of Spleen Volume and Aortic Diameter in Patients and in Mice with Abdominal Aortic Aneurysm

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Dear editors and reviewers:

Thank you for your kind notification. I am very grateful to your comments for the manuscript. We value the chance to publish our study in your authoritative journal very much. Here below are our answers to the honorable reviewers’ comments.

Your serious re-consideration to this manuscript should be greatly appreciated. Looking forward to your kind response.

Yours sincerely,

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Reviewer reports:

Robert Doonan (Reviewer 3): I thank the authors for their detailed response to the reviewer’s comments and addressing the issues with the manuscript.

1. Referring to response of ‘Results comment 3’.

Answer: Thank you for your kind suggestions. It is a pity that our study was just retrospective cross-sectional design to learn the potential association of spleen volume and abdominal aortic aneurysm, inspired by our preliminary laboratory experiments, which is quite controllable. Because our study is just retrospective cross-sectional design, limitations do exist. One of the limitations is that we could not get any data about the CV risk factors, smoking history, medications etc., because the clinicians only recorded the main diagnosis to apply CT scan. To solve the problem, under the guidance of the results of present study, we would conduct prospective cohort study in the future to learn more about the details. Moreover, the data about statistic analysis of spleen volume between large and small AAA sizes has been shown in the quantitative analysis of spleen volume section of the method part, though we did not show the data in a table. If you think it necessary, we will modify the graphs to add the data in a table.

Were these patients seen by a physician in a clinic or otherwise that recorded their comorbidities? If yes, these files should be reviewed and the information entered into Table 1 as suggested. If you are able to exclude patients with ‘conditions that may increase spleen size’ you should also be able to obtain other clinical information I would think.

Answer: Thank you for your kind suggestions. We also bothered with the collection of these clinic data. Though all of these patients were seen by a physician in a clinic, the reality is that the physician only recorded the most important diagnosis to apply for the abdominal CT scan at the Shandong Medical Imaging Research Institute. They would only type in diagnosis such as abdominal aortic aneurysms, portal hypertension, hematopoietic system diseases, etc. to inform the radiology technicians which they value most. Also, diseases that would cause abdominal organ changes would also be recorded once diagnosed by the physicians. These conditions include the lymphatic system diseases, connective tissue disease, metabolic disease, autoimmune diseases and parasitic diseases, unexplained fever for a long time, etc. As to the data about the CV risk factors, smoking history, medications etc., which value most for surgical intervention but might have slight or unknown influences on the abdominal organs, the physicians were not required to offer. As a result, we could not get data about the CV risk factors, smoking history, medications, etc. But it may be quite different if we conduct a retrospective study according to the chest CT scan to learn something about the coronary heart disease, pulmonary disease, etc., because the physicians think the CV risk factors and smoking history may have great influences on the diagnosis. That is the cause of the limitations of most retrospective cross-sectional study in China including ours. I feel sorry for not able to apply the precise clinical information about the comorbidities and the risk factors. Hope to solve the problems and offer more information to meet your requirements in the future when we conduct the prospective cohort study.

2. Otherwise I have no new comments.
Answer: Thank you for your kind responses.