Author’s response to reviews

Title: An unusual cause of delayed hematoma after carotid endarterectomy: A case report

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1. Follow-up data should be added.

Answer: Thanks for the comment. We have added more follow-up details in the manuscript (‘Case Presentation’ Section, page 6). The patient focused on the treatment of prostate cancer after the surgery and didn’t come to visit our clinic regularly after surgery. We made telephone follow-ups with this patient at 6 months and one year after the surgery. The patient didn’t have his cervical arteries examined by ultrasound and denied the occurrence of bleeding, stroke and myocardial infarction during a follow-up period of one year. Prostate cancer was not well controlled and the patient suffered from cancer pain due to bone metastases. However, we didn’t get any further results of instrumental evaluations of prostate cancer.

[Revised manuscript]

The patient was referred to the Department of Urology. Diagnosis of prostate cancer was confirmed and combination therapy of anti-androgen and gonadotropin-releasing hormone (GnRH) agonist was applied. Anticoagulation therapy (low molecular weight heparin for 1 week, followed by Rivaroxaban for 3 months) were used due to deep venous thrombosis and aspirin were re-administered afterwards. Bleeding, as well as other major complications including stroke and myocardial infarction didn’t occur during a follow-up period of 1 year.
2. Paragraphs should better highlight the concept of the fragility of oncologic patients who undergo surgery.

Answer: Thanks for the comment. We think it an important point of this case and have added and highlighted the concept with more detailed description (‘Discussion and Conclusion’ Section, page 8 & page 9)

[Revised manuscript]

Theoretically, oncologic patients who undergo surgery are fragile and may have higher risk of peri-operative complications. Solid tumors are reported to be associated with thrombo-hemorrhagic disorder including venous thrombosis, excessive bleeding and evidence of DIC [6]. Patients who have hematologic malignancy can be myelosuppressed and at increased risk of surgery-related infection.

Furthermore, surgical patients with a history of malignancy should be examined and monitored carefully peri-operatively.