Reviewer’s report

Title: Renal Vein Thrombosis Mimicking Urinary Calculus: A Dilemma of Diagnosis

Version: 2 Date: 22 April 2015

Reviewer: Robert Learney

Reviewer’s report:

Major Compulsory Revisions

Background

Are clinicians easily misled by clinical presentation and imaging? Doesn’t this combination form the core of medical diagnosis? This needs rephrasing to describe precisely what it is that misleads clinicians and what you’re actually talking about because young people can also have renal colic.

Case Presentation

Was the pain colicky as with a classical presentation of renal colic or did it have a different quality in this case? Which kidney was enlarged? Do you have the dimensions? Was there any evidence of hydronephrosis?

With the images accompanying this case report, the original ultrasound image might be very interesting to have next to figure 1A but I understand this might be difficult or impossible to obtain.

Line 93-94 Please make it clearer what you are doing with the diuretics and statins for your patient – Are you withholding them? Increasing them? Starting one but stopping the other? You must mention all medications your patient was taking at the time.

Discussion

The discussion section reads as though it has been assembled from two or three independently written summaries. There is a lot of repetition and restatement throughout, and the entire section should be read through and reworked for flow and style.

Consider presenting the risks of RVT for each of these different pathologies in a table rather than a dense paragraph of text.

Line 116 – if you’re making a statement of fact ‘RVT is under reported’ you should be able to provide a reference to back this up. However, what I think you mean to say is that you believe RVT is under reported, making this a statement of opinion rather than a statement of fact. If however you have evidence that it is under reported then please include a reference here.
You make no mention of pulmonary embolism in your patient, nor any findings supporting that potential diagnosis so how can you claim the similarities you do in this paragraph?

Minor Essential Revisions: (not for publication)

The Sidney Kimmel Comprehensive Cancer Center – capitalise the K of Kimmel

Lines 32 & 32 – ‘often diagnosed with’ might be better as ‘often mistaken for’

Line 34 - ‘participants’ should be ‘patients’

Adjective form of ‘ureter’ is ‘ureteric’ – lines 33, 41, 56, 121

Line 42, 44, 49 – do you mean urinary calculus or ureteric calculus?

Line 51 keywords – diagnosis instead of diagnose

Line 64 – ‘5 years ago’ -> ‘5 years prior’

Line 68 – remove ‘an’ from ‘An abdominal ultrasonography’

Line 72 – verb tense -> ‘did not change’ should be ‘had not changed’

Lines 74 & 95 – lumbago is a non-medical term and may be better if changed to ‘lower back pain’

Line 101 – ‘in the main’ instead of ‘in main’

Line 102 – ‘in renal veins’ -> ‘of renal veins’

Line 104 – You mention nephrotic syndrome here, and then mention it again on line 107. You should rephrase to bring these together.

Lines 106 – 109 – For something to be ‘usual’ you would expect prevalence around 50%.

Lines 106 – 109 This paragraph implies that the RVT occurs first and is then followed by the other factors you mention. This should be rephrased ‘usually accompanied by’ -> ‘can accompany’

Line 111 – ‘to cause pulmonary embolism’ -> ‘where it may cause pulmonary embolism’

Line 115 – missing word ‘have more major nonspecific symptoms’

Line 129 – ‘injure’ -> ‘injury’

Line 136 – Useful for screening for which diseases? Maybe remove this sentence.

Lines 137-138 just repeats what the sentence on 130-131 says.
Line 140 – remove ‘an’ from ‘an ultrasonography’

Line 141 – in ‘the’ current case

Line 143 – opening sentence needs rewriting.

Paragraph on lines 143-144 provides a conclusion but you then keep writing about different diagnostic tests. Rephrase/ rework/ move.

Line 165 – Remove ‘and belief’

Lines 174-176 are the same as lines 93-94. Maybe discuss the specific treatment implemented for your patient in lines 93-94 and discuss the general management here in 174-176 instead.

Lines 182-185 You’re just restating what you already talked about.

Discretionary Revisions

Case Presentation

Demographic details of the patient might be useful for future researchers trying to collect a case series – race, occupation, name or location of regional hospital

Line 75 – name/location of your hospital for demographic purposes

**Level of interest:** An article whose findings are important to those with closely related research interests

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

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests