Author's response to reviews

Title: Glioblastoma Multiforme in Klippel-Trenaunay-Weber Syndrome: a case report

Authors:

Tevfik Yilmaz (kartaltevfik@hotmail.com)
Ulas Çikla (ulas.cikla@yahoo.com)
Alice Kirst (alice.kirst@gmail.com)
Mustafa Kemal Baskaya (m.baskaya@neurosurg.wisc.edu)

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Author's response to reviews:

February 04, 2015
Michael Kidd, MD
Editor-in-Chief
Journal of Medical Case Reports

Dear Dr. Kidd:

Enclosed please find our revised manuscript entitled “Glioblastoma Multiforme in Klippel-Trenaunay-Weber Syndrome: a case report” and 4 figures submitted for your consideration for publication in the Journal of Medical Case Reports. We thank the Editor and the reviewers for constructive comments and suggestions.

Our response to the reviewer’s comments are as follows:

Point 1. Case Presentation:

“In total this case was presented in a very detailed and comprehensible way. However, while reading about the MRI examination of the patient, I was wondering if any contrast media was given. If not, were there any specific contraindications for contrast media which were caused by the disease? Without any contraindications this would be a good method to exclude GBM before operation.”

Response: We agree with the reviewer. T1 post-contrast axial and sagittal MRIs were already included in original submission and we have kept them in the revised version as well (please see page 3, line 70-71 and figure legends page 8, line 208-210).

Point 2. Case Presentation:

“Concerning the patient himself, it would be interesting for the reader to know how long ago this disease was diagnosed and how long the patient lived after the presented operation before he died. If known, the exact cause of death may also be an interesting piece of information which could be provided. This would make this case report more transparent.”
Response: We agree with the reviewer. The patient had been diagnosed with KTWS at the age of 7 after a rectal bleeding. The patient refused to have any adjunctive treatment and eventually died 5 months after the surgery due to the progression of his intracranial disease. We have added these statements into the text (please see page 3, lines 60-61 and page 4, lines 90-91).

Point 3. Discussion:

“The discussion provides a very good overview of the information known about the diseases and assesses how this knowledge can be used in the future. There was, however, one thing I would have wished to read about more clearly: the report mentions “Necessary preparatory steps” which “should be taken to avoid complications” if something similar to this case should occur. But except for the few suggestions given by mentioning other reports in the last paragraph this matter has not been explored thoroughly. It might be enlightening for the reader if some concrete statement was given how these “preparatory steps” could look like.”

Response: Association of KTWS with intracranial pathologies which may require surgical intervention poses a significant challenge to the managing team both preoperatively and postoperatively. In these patients, a full coagulation profile should be studied in the preoperative period. Since there is not enough experience with any specific thrombolytic agents that may stop hemorrhage, we recommended all potential agents such as platelets, cryoprecipitate, fresh-frozen plasma and tranexamic acid should be readily available intraoperatively. In addition to these preoperative and perioperative precautions, postoperative care is of great importance in monitoring hemorrhagic complications. These statements have been added into the text (please see page 5, lines 134-141).

Also we have made some minor changes and corrections of spelling errors etc. in the text without changing content of the manuscript.

Please address correspondence concerning the manuscript to Mustafa K. Baskaya, MD, Department of Neurological Surgery, University of Wisconsin-Madison, CSC K4/828, 600 Highland Avenue, Madison, WI 53705, USA. Telephone: 608-262 7303; fax: 608-263 1728; e-mail: m.baskaya@neurosurgery.wisc.edu

Thank you for your time and consideration of this manuscript.

Sincerely,

Mustafa K. Baskaya, MD
Associate Professor of Neurological Surgery
Director of Skull Base Surgery
Department of Neurological Surgery
University of Wisconsin Medical School
CSC K4/828 600 Highland Avenue, Madison, WI 53792, USA