Author's response to reviews

Title: False negative pericardial FAST examination following cardiac rupture from blunt thoracic trauma: a case report

Authors:

Laura Baker (laura.baker2@mail.mcgill.ca)
Ammar Almadani (Ammar.Almadani@albertahealthservices.ca)
Chad G Ball (ball.chad@gmail.com)

Version: 3 Date: 30 May 2015

Author's response to reviews: see over
March 28, 2015

Dear Colleagues – Journal of Medical Case Reports,

Thank you very much for your kind reviews and comments regarding our manuscript “False negative pericardial FAST examination following cardiac rupture from blunt thoracic trauma: a case report”. We thank each of your reviewers for their thoughtful approaches. We have addressed each of the reviewers comments in detail (highlighted in yellow). More specifically:

Reviewer #1:
Thank you for your kind comments. We appreciate your review.

Reviewer #2:
Thank you for your kind analysis and comments.

1. Thank you for noting this generalization. “Incredibly” high sensitivity was meant to refer to the reported sensitivity of 100% as reported in the multicenter AAST trial (reference #4). We also agree entirely with your preceding point that these diagnostic test performance values relate to the “typical” scenario and therefore not to this rather uncommon anatomic injury. As a result, we have added the specific sensitivity, specificity, and accuracy reported in the literature, as well as a clarification of the uncommon nature of this reported scenario within the Introduction section (Page 3, Paragraph 3).

2. The PPV and NPV for pericardial blood in the context of typical trauma is 81% and 100% respectively. We have also added this into the manuscript into the Introduction section (Page 3, Paragraph 3).

3. Thank you for this comment. Ultrasonography is incredibly user dependent. At our center all eFAST examinations are performed by experienced trauma surgeons who have tremendous long-term experience in both the performance and advancement of Ultrasonography in trauma. We have added this sentence/clarification to the Case Presentation component (Page 4, Paragraph 1).

4. Unfortunately, until we published our case series of “false-negative” pericardial ultrasound windows, the typical published FAST/eFAST examination protocols did not comment on any additional limitation to the diagnostic accuracy of the pericardial FAST component aside from subcutaneous emphysema. This manuscript received significant global attention for our authorship group as a novel and concerning concept amongst high volume trauma care providers. As a result, in the Discussion section, we have stated the ‘take home’ message remains an additional potential limitation within the FAST/eFAST protocol.
5. We couldn’t agree more. To this point we have added both of your eloquent concluding remarks within the Conclusion section (Page 5, Paragraphs 1 and 2).

Thank you again for all of your help and assistance in improving our manuscript. We deeply appreciate it.

Chad G. Ball MD MSc FRCSC FACS
Associate Professor of Surgery
University of Calgary
Foothills Medical Center
Hepatobiliary and Pancreatic Surgery