Author’s response to reviews

Title: Isolated unilateral adrenal gland hemorrhage following motor vehicle collision. A case report and literature review

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Author’s response to reviews:

- Give complete past medical, social, family, and environmental history. What medications was the patient on prior to diagnosis? Did he receive daily aspirin?

Past medical history of left ureterolithiasis with hydronephrosis in 2013.

Social history includes every day tobacco use.

No family history of bleeding disorders.

Patient was not on any medications prior to trauma, specifically no anticoagulation or antiplatelet therapy.

- Did the patient wear a seat belt? Were there any lacerations?

Patient wearing a standard 2 point-restraint seatbelt.

A thorough physical exam showed no ecchymosis, lacerations or wounds.

- Give detailed physical and neurological examination on admission. What was the temperature, pulse, blood pressure and temperature, on admission? Was urinalysis done?
Please see the following physical exam and urinalysis results.

Physical exam:

Blood pressure 158/110, pulse 86, temperature 37 °C (98.6 °F), temperature source Oral, resp. rate 16, height 1.905 m (6’ 3”), weight 106.595 kg (235 lb), SpO2 100 %.

General: well-developed and well-nourished

HEENT:
- Scalp: No swelling, No ecchymosis, No obvious fractures, No lacerations
- Face: No swelling, No ecchymosis, No obvious fractures, No lacerations
- Eyes: Pupil size and reaction-3-2 equal and b/l, No swelling, No ecchymosis
- Ears: No laceration, No CSF Leak, No hemotympanum
- Nose: No swelling, No ecchymosis, No fractures, No lacerations
- Mouth: No malocclusion, No broken/missing Teeth, No laceration
- Neck: No hematoma/swelling, No laceration, No palpable crepitus
- C-spine: no midline tenderness, no step offs

Cardiovascular: normal rate, regular rhythm

Thorax: No swelling, No ecchymosis, No palpable crepitus, No tenderness to palpation, No wounds

Abdominal: soft, no distension, mild right upper quadrant pain, no rebound tenderness, no rigidity, no guarding, no ecchymosis, no wounds
Back: No ecchymosis, no tenderness to palpation, no palpable step-off, no wounds

Pelvis/Perineum/Rectal: No incontinence of bowel or bladder

Musculoskeletal: Muscle strength and tone 5/5 in all 4 extremities equal and bilateral, movement symmetrical

Neurological: alert and oriented to self, place and time, no gross neurological deficits, cranial nerves 2-12 grossly intact

Extremities: palpable 2+ radial/femoral/DP/PT pulses bilaterally

Psychiatric-behavioral: mood/affect normal

Urinalysis: Trace amount of blood with 3/HPF. Rare bacteria, negative for bilirubin, leukocyte esterase and nitrites. Prior UA done in 2013, showed similar trace blood in urine secondary to left ureterolithiasis.

- It is surprising that despite the risk of affecting the adrenal hormones no testing of them is reported. Also blood pressure and pulse, thrombocytes and other clotting factors were not reported. Please add these if they were made and if they were not explain why they were not done.

Give all results of laboratory findings (i.e. CBC, liver and renal functions), serology, etc)

Please see admission vitals in physical exam in prior question response. The summarized lab findings are below. Full labs are included as separate tables in attached files.
Laboratory results on admission:

CBC: hemoglobin 15.1, hematocrit 44.4, WBC 6.6, platelets 219
Coagulation: INR 0.99, PT 13.0, PTT 25

Renal function BUN 19 and Creatinine at 1.24.
Repeat labs the following morning with BUN 14 and Cr 0.89
Electrolytes: Sodium 133, potassium 3.6, Chloride 101

Liver function test: ALT 45, AST 54, total bilirubin 0.6, direct bilirubin 0.1, Alkaline phosphatase 54

Repeat LFT the following day: ALT 34, AST 31, total bilirubin 0.8, direct bilirubin 0.1, Alkaline phosphatase 52

- Give information about follow-up for at least 6 months.

Patient had 2 follow ups in Trauma Surgery clinic. First follow up was 1 month after the initial trauma with a repeat CT abdomen and pelvis which demonstrated residual hemorrhage in the right adrenal gland. At 1 month patient reported intermittent right upper quadrant pain at least 1-2 times per week. Patient denied any other symptoms such as fatigue, weight loss, nausea, vomiting, diarrhea, or myalgias.

Patient had a normal physical exam at 1 month follow up and had normal vital signs without indication for repeat laboratory workup. Second follow up was done at 4 months after trauma, patient had another repeat
- In the Discussion – Start with summarizing the case and describe what is unique in this case compared to what is available in the literature.

Thank you for the comments. The appropriate changes were made in revised manuscript submission with editions in Red.