Author’s response to reviews

Title: A case of pulmonary tumor thrombotic microangiopathy successfully treated with corticosteroids

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Author’s response to reviews:

Reviewer 1

4. Does the article report the following information? Where information is missing, please specify.

a. The relevant patient information, including: - Medical, family and psychosocial history

NEEDS TO BE MORE IN DETAIL ESP SMOKING PACK YEARS

→ The patient was a former smoker with 20 pack-years of smoking history

- Relevant past interventions and their outcomes

WAS THERE A PREVIOUS ECHO TO INFORM PREVIOUS PULMONARY PRESSURES

→ Unfortunately, an echocardiogram was not performed previously.

d. Diagnostic assessments, including:
DIAGNOSTIC METHODS DETAILS OF THE CT NOT DESCRIBED

→ I added the following sentences.

These helical CT images consisted of 5-mm collimation sections, with window settings appropriate for viewing both the lung (window level from −700 HU, window width from 2000 HU) and the mediastinum (window level from 40 HU, window width from 400 HU).

WHEN AND WHY WAS BM BIOPSY PERFORMED?

→ Because leucoerythroblastic anemia is suggestive of bone marrow involvement, bone marrow biopsy was performed 2 days after admission.

HOW MUCH BLOODS TRANSFUSED

→ The patient received a transfusion of three units of whole blood-derived platelets to maintain a platelet count 50,000/uL.

ISN'T THE CTPA MORE SENSITIVE THAN SCINTIGRAPHY?

→ A CT angiogram of the pulmonary arteries is highly sensitive for the detection of pulmonary emboli out to the segmental vessels. Because the pathogenesis of PTTM leads to diffuse narrowing of the pulmonary arteriolar system, this abnormality is detected by Lung Perfusion Scintigraphy, but not the CT angiogram.

WAS THE PATIENT ON LMWHEPARIN HAS THIS HELPED BECAUSE HEPARIN HAS ANTI-ANGIOGENESIS FEATURES?

→ The patient developed disseminated intravascular coagulation, which caused subcutaneous bleeding and alveolar hemorrhage. For this bleeding diathesis, we hesitated to use Low-Molecular-Weight Heparin.

f. A summary of the clinical course of all follow-up visits

Comments: a sketchy account of a short illness the patient had

→ I added the following sentences.

Plans for chemotherapy were deferred because of the poor performance status, and he was eventually transited to palliative care. Favorable conditions continued for several weeks. On day 41 of hospitalization, he developed fever with rigors, and empirical antibiotic treatment
(cefepime and vancomycin) was initiated. He soon turned afebrile; however, on day 45 of hospitalization, he suddenly died of respiratory failure.

8. Does the case represent a useful contribution to the medical literature? Comments: THE SURVIVAL OF WEEKS IS NOT SUBSTANTIATED WITH A REFERENCE LINE 4

→ I revised the discussion considerably and added references.

THE ARGUMENT THAT STEROIDS IMPROVED PROGNOSIS IS SPECULATION AND SURVIVAL IMPROVED IS NOT SUBSTANTIATED. THE FACT THAT THIS INTERVENTION WAS ONLY 2 WEEKS PRIOR TO THE DEMISE OF THE PATIENT

→ When Date of the Event is showed,

Date of the Symptom Onset : Early January, 20XX

Date of the Admission : January 31, 20XX

Date of the Demise : March 16, 20XX

So, it was revised as follows.

Before Revision : He died 6 weeks after initial presentation.

After Revision : on day 45 of hospitalization, he suddenly died of respiratory failure.

THERE IS NO INFORMATION AS WHETHER THERE WAS PE ON POST MORTEM EXAMNITION

→ Because postmortem analysis showed no evidence of pulmonary embolism, I added the sentence, ‘there was no evidence of pulmonary embolism. ’.

THERE IS NO INFORMATION ON THE ECHO EVIDENCE OF PULM HTN PREVEIOSULY

→ Unfortunately, an echocardiogram was not performed previously.

PLEASE QUANTIFY SMOKING DENSITY (THIS MAY EXPLAIN PULM HTN WORSENED BY THE TUMOR) THIS IS VITAL INFORMATION.

→ The patient was a former smoker with 20 pack-years of smoking history.
THE NUMBER OF REFERENCES IS VERY SMALL AND NEEDS TO BE REVIEWED AND REWRITTEN

→ I revised the discussion considerably and added references.

9. Additional comments for the author(s)?

THE FACT THAT THIS IS FIVE YEARS AFTER FULL CURATIVE INTENT AND THE PRESENTATION IS SO LATE MAY BE THE UNIQUE ASPECT OF THIS CASE REPORT AND THE SPECULATION THAT 2 WEEKS OF STEROIDS WAS THE REASON FOR IMPROVED SURVIVAL IS NOT SUBSTANTIATED

→ Mentioned above.

Reviewer 2

4. Does the article report the following information? Where information is missing, please specify. a. The relevant patient information, including:  - Medical, family and psychosocial history

INFO MISSING

→ I added the following sentences.

Five years previously, he was diagnosed with gastric cancer (pT2N2M0 Stage IIIA), for which he underwent distal gastrectomy and adjuvant chemotherapy with tegafur plus uracil. On follow-up, after completion of 2 years of chemotherapy, no recurrence was observed. His family history was unremarkable. He was a former smoker with 20 pack-years of smoking history; there was no history of alcohol intake.

- Relevant past interventions and their outcomes

DETAILED HISTORY OF MANAGEMENT IN THE OTHER HOSPITAL

→ Because the patient was transferred to our hospital some hours after presentation, he received no treatment except oxygen therapy.

c. Important dates and times in this case (if appropriate, organized as a timeline via a figure or table); if specific dates could lead to patient identification, consider including time relevant to initial presentation, i.e. initial presentation at T = 0, follow up at T = 1 month
INFO RE ADMISSION IN REFERRAL HOSPITAL TIMING AND IMPROVEMENT OF CLINICAL PICTURE BEFORE DEATH

→ Some hours after presentation, the patient was transferred to our hospital.

→ I added the following sentences.

Plans for chemotherapy were deferred because of the poor performance status, and he was eventually transited to palliative care. Favorable conditions continued for several weeks. On day 41 of hospitalization, he developed fever with rigors, and empirical antibiotic treatment (cefepime and vancomycin) was initiated. He soon turned afebrile; however, on day 45 of hospitalization, he suddenly died of respiratory failure.

9. Additional comments for the author(s)?

1. A 62-year-old man with postoperative gastric cancer –

TRY TO REPHRASE - OPERATION WAS 5 YEARS AGO

→ I deleted the phrase, ‘with postoperative gastric cancer ’ and appropriately added the sentence, ‘Five years previously, he was diagnosed with gastric cancer ’.

2. Despite best supportive care for poor performance status, the prognosis in this case was better than that in the previous report – REPHRASE

→ I deleted the phrase, ‘Despite best supportive care for poor performance status ’.