Author’s response to reviews

Title: The role of T2* Gradient Echo in the diagnosis of tumefactive intrahepatic extramedullary hematopoiesis in myelodysplastic syndrome and diffuse hepatic iron-overload: A case report and literature review.

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Response to Reviewer 1

Note: only history deemed to be relevant to the case report is added to the article; if there is anything specific the reviewer would like to see added, please tell us.

Give complete past medical, social, family, and environmental history. What was the patient’s occupation? What medications was the patient on prior to diagnosis and ? Did the patient consume alcohol?

Past Medical Hx: Hypertension, Hx of chicken pox as a child, Gout, COPD, Anemia,

Social Hx: Smoked about 10 cigarettes per day for 30 years (15 packs/day years); quit on 10/11/12 which is approximately a year after diagnosis of myelodysplastic syndrome (10/31/2011) and 2 months before death (12/28/2012)

Chewed tobacco;

Alcohol – Age at first alcoholic drink: 15

Drank on a daily basis: Yes

Age when began regular alcohol consumption: 26

During heaviest drinking period, drank 12 drinks per day. (Beer)
Frequency. Daily, 1-2 drinks rum coke, or wine

Legal problems due to drinking: No

Driven, operated equipment, or worked in hazardous situations, after drinking: No

Problems at work due to drinking: No

Personal or social problems due to drinking: No

Blacked out while drinking: No

Used alcohol in the morning, to help with headache or the shakes: No

Tried to cut down or limit drinking: No

Other illicit drug use: Marijuana – no record on frequency

Family Hx: NEGATIVE for liver disease, cirrhosis, hemochromatosis, and alpha-1 deficiency.

Father died of melanoma at 79; had hx of heart disease and hypertension. Mothered died of supra-nuclear palsy at 56; sister is alive and in good health; Mother’s dad died of MI at 36; Mother’s mom died at 80 of stroke

Married for 32 years; Has 3 children in good health

Environmental Hx: No known exposures to coal/asbestos

Occupation: Retired plant manager

Medications prior to diagnosis: Simvastatin 20 mg QD, Lotrel 5/20 mg, Fenofibrate 160 mg QD, Indomethacin 50 mg TID x 6 months only, Spiriva 18mcg inhalation capsule (not included in the case report, for lack of relevance to the case report)
Give detailed physical and neurological examination on his first admission. What was the temperature, pulse, blood pressure and temperature, on admission? (only relevant information is included in the article)

Physical

Alert and oriented and afebrile

CONSTITUTIONAL: male in no apparent distress.

SKIN: No petechiae or rash. Warm. Non-diaphoretic.


ENT: Oral mucosae moist, without hemorrhage, or ulceration. Neck supple.

EXTREMITIES: Digits without clubbing, cyanosis, or hemorrhages.


PSYCH: Conversant. Affect appropriate

Tem 36.7 degree Celsius
Pulse 93
Resp 20
BP 92/42
SpO2 99%

All abbreviations need to be explained on the first time they are used. Give antibiotics given before and after surgery with duration and dose.

We feel like we have adequately explained abbreviations. If there is any specific abbreviation, the author want us to explain, please let us know.

No hx of surgery or antibiotics
Give all results of more laboratory findings (i.e. CBC, liver and renal functions), urinalysis, serology, microbiology etc)

Na 139
K 4.0
Cl 103
CO2 12
Creatinine 0.87
GFR >60

WBC 4.0
Hg 9
HCT 27
Plat 33

LFT
T.bili 1.2
ALP 57
AST 33
ALT 18
GGT 48
Tot Prot 6.5
Alb 3.1
Ca 8.4
Glucose 126

No microbiology

Bone marrow biopsy results have been explained in the article

UA yellow, clear, 5.5 pH Spec Gra 1.010 Negative for glucose, blood, ketones, protein, bilirubin, leuk esterase and nitrite; urobilinogen normal

Was an autopsy performed, and what were the findings? No autopsy performed

In the Discussion – Start with summarizing the case and describe what is unique in this case compared to what is available in the literature.

We have decided to add 2 sentences in the last paragraph under the discussion (instead of the first) to illustrate the uniqueness of the case and summarize the point that we want to be taken away from the case report