Author’s response to reviews

Title: Inherited thrombotic thrombocytopenic purpura mimicking Immune Thrombocytopenic Purpura: a case report during pregnancy

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Reviewer #1:

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.

Response: There is a graphic with Time course of clinical symptoms, treatment and examination.
d. Diagnostic assessments, including:

biological tests are not developed as thrombophilia.

Response: PT-INR, aPTT, fibrinogen were normal

e. Types and mechanism of intervention:

Response: therapeutic plasma exchange

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

Response: There is a graphic with Time course of clinical symptoms, treatment and examination.

Reviewer #2:

We made an extensive review both scientifically and grammatically.

1) The case presentation part was rewritten, and we gave the results of iron studies for the differential diagnosis of anemia. MCV was shared, either the hemolysis parameters including LDH, reticulocyte count And the baby's prognosis.

2) The authors gave the improvement in the platelet counts, and normalization of LDH.

3) we explain in the DISCUSSION the differential diagnosis between HELLP syndrome, congenital TTP and ITP in this patients. The platelet counts recovered soon after only after two sessions of TPE.
The early detection (at second month of pregnancy) of anemia and thrombocytopenia is unusual in HELLP syndrome, however differentiating TTP from HELLP syndrome is occasionally possible when abnormalities persist in the weeks following delivery.

The diagnosis of HELLP syndrome requires the presence of hemolysis based on examination of the peripheral smear, elevated indirect bilirubin levels, or low serum haptoglobin levels in association with significant elevation in liver enzymes and a platelet count below 100,000/mm after ruling out other causes of hemolysis and thrombocytopenia. In this case, it was a medical obstetrics board that gave the diagnosis of HELLP syndrome after ruling out other causes, however the early detection (at second month of pregnancy) of anemia and thrombocytopenia is also unusual in HELLP syndrome, a possible strategy to avoid the misdiagnosis of HELLP syndrome.

4) The authors gave the figures for both peripheral blood smear and bone marrow aspiration slides.

5) many typos, misused abbreviations (PTT for TTP, AHM for MAHA, etc.), and grammatical errors throughout the text, were checked and corrected.

Reviewer #3:

1) we Changed "Congenital" to "Inherited" in title and text.

2) we changed "PTT" in text to "TTP".

3) Units of platelet count is 10 to power 9/liter

4) The diagnosis is not missing other features anymore: neurological abnormalities, renal failure and fever?

5) The patients' age is 20 years. If this is a case of inherited TTP, it wasn't it at an earlier age because she obtained initial diagnosis suggestive of immunethrombocytopenic purpura
(ITP) and had absence of schizocytes (triangular, helmet red blood cells) in peripheral blood and nonspecific myelogram.

6) we Added blood smear.

7) we Discussed differential diagnoses