Author’s response to reviews

Title: Burkitt's Lymphoma With Placental Invasion Diagnosed At Cesarean Delivery: A Case Report

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Journal of Medical Case Reports.

Thank you for allowing us to revise and resubmit our manuscript. The changes are highlighted in yellow.

Reviewer reports:

The manuscript requires an additional revision.

At the end of the Introduction there is a need to add a paragraph that explains why this case report is presented (what is unique and adds to the medical knowledge)

ANSWER: Line 52-53: We added: ‘This case shows that metastasis to the placenta can occur and when BL is suspected the placenta should be sent for histologic evaluation rather than discarded.’
More information is needed:

Give complete past medical, social, family, and environmental history. What was the patient’s occupation? ‘unemployed’ added on line 57

What medications was the patient on prior to diagnosis? Did the patient smoke, and/or consume alcohol?

Give detailed physical and neurological examination on admission. What was the temperature, pulse, blood pressure and temperature, on admission?

ANSWER: The following answers to the reviewer’s queries were added: Lines 74-72: On arrival her blood pressure was 114/50, pulse 78, respirations 18, pulse 78, and temperature 98.3 Fahrenheit. She denied a history of hepatitis, sexually transmitted diseases or other significant illnesses. She did not use tobacco, drugs, and had not traveled outside of the United States recently. She had never had an abnormal Papanicolaou test. Her family history was only positive for her mother and maternal grandmother having splenectomies for an unknown reason. Her past surgical history revealed a laparoscopic salpingectomy, 2 previous Cesarean deliveries, and a splenectomy for a spleen rupture secondary to mononucleosis. Her past medical and family histories were otherwise unremarkable. She had been on no medications other than oral cephalaxin.

Line 75: Her neurologic exam was intact and her psychiatric exam was negative

All abbreviations need to be explained on the first time they are used.

ANSWER: No abbreviations were used.

Give information about follow-up of both mother and child for at least 6 months.

ANSWER: Lines 120-125: The newborn infant was discharged home and has had no health conditions other than the usual infant maladies. The mother, however has been admitted 4 times since her discharge for both chemotherapy encounters and symptoms of peritoneal carcinomatosis, sepsis and gastrointestinal complaints. At of 5 months post diagnosis she was lost to follow up by our team and is presumed to have found care in her own region of the state.

In the Discussion – Start with short summarizing the case and describe what is unique in this case compared to what is available in the literature. Is). If you show them to a

ANSWER: Lines 128-133: This case is important because it is the first report of invasion of BL to the products of conception. The patient was seen and treated multiple times for what were
thought to be either normal complaints of pregnancy or cellulitis but this case illustrates the importance of timely consultation and imaging when the patient does not improve. Finally the placenta usually is just discarded after a vaginal delivery. If there is any clinical suspicion of BL the products should be sent for histologic analysis.