Author’s response to reviews

Title: Menetrier's Disease Presenting as Recurrent Unprovoked Venous Thrombosis

Authors:
Karl Greenblatt (hkvmg15@gmail.com)
Brave Nguyen (nguyenbr@ucmail.uc.edu)

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Author’s response to reviews:

Comment: The introduction and discussion needs to detail more about the pathogenesis and how the present condition contributes to that.

Response: The revised version includes a discussion of known mechanisms of thrombophilia in the setting of hypoproteinemic states (e.g., nephrotic syndrome and protein-losing enteropathy). The discussion establishes the similarity between our patient's lab abnormalities and those seen in other hypoproteinemic states. The paper addresses each of the patient's lab abnormalities as they relate to the literature on hypercoagulability and the pathophysiology of Menetrier's Disease.

Comment: The introduction should elaborate more about DVT and PE.

Response: In the revised version, the Introduction is limited to a discussion of Menetrier's Disease in general. The analysis of the hematologic mechanisms of the case was lengthened substantially and moved to the Discussion section. The revised version explicitly states that DVT and PE are the most common (and most studied) forms of unprovoked VTE. It makes clear that our patient had DVT and PE in addition to renal vein thrombosis.

Comment: 1) Add photos of endoscopy to enhance the educational value of the paper.
2) Add photos of histopathology
Response: Both of these have been added as supporting documents.

Comment: Some important screening tests like homocystein, prothrombin mutation and anti-cardiolipin are missing. Explain this.

Response: Thank you for this question. These particular tests were not ordered as part of the patient's work-up, as they were felt to be lower-yield and unlikely to change clinical management. This is
explicitly addressed in the revised version.

Comment: The discussion is very deficient regarding the hematological aspect which is a main part of the case. You need to focus on this and explain how the disease predisposes to thrombosis. Add reference supporting your explanation.

Response: As stated above, the revised version contains a more substantial discussion of the hematologic mechanisms of this case. The Discussion section reviews literature on thrombophilia associated with similar hypoproteinemic diseases (e.g., nephrotic syndrome and protein-losing enteropathy). Based on the lab abnormalities observed, the argues that the existing literature is applicable to our patient with a much rarer disease (Menetrier's). There are 53 references in the revised version.