Confidential comments to editors

Title: Clinical analysis of Kasabach-Merritt syndrome in 17 neonates

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Comments: see over
Dear Prof. Catherine Olino,

Thank you for your careful consideration of our manuscript entitled “Clinical analysis of Kasabach-Merritt syndrome in 17 neonates” for publication in *BMC Pediatrics*. The authors appreciate your response and feedback.

The authors have carefully reviewed the suggestions provided by the reviewers and have modified the manuscript to meet their requirements.

Please find our detailed responses to the reviewers’ suggestions and comments below. The clinical pictures and the diagnostic criteria of DIC have been complemented, inappropriate words have been modified in the manuscript. And the authors have made an explanation about the absence of the differentiation of haemangioma in this letter.

We hope that you will find the revised manuscript suitable for publication in *BMC Pediatrics*.

Please do not hesitate to contact the authors with future questions or concerns regarding the manuscript.

Yours sincerely,

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Responses to reviewers

Referee 1 report:

Comments to the Author
This is an extremely well written and thorough case series report on Kasabach Merritt Syndrome.
Major Compulsory Revisions
None

**Response:** We thank the reviewer for this positive feedback.

Minor essential Revisions
I believe that there is an error in the Abstract in the sentence "Subsequently four patients in whom arterial embolization therapy was effective and one with relapse were treated with vincristine". I believe based on the information in the body of the article, that the sentence in the abstract should read "...in whom arterial embolization was ineffective...."

**Response:** We have modified the inappropriate word in the manuscript.

In the lab findings section it says that 2 patients met the criteria for DIC but they don’t tell us what their criteria are. For sake of completeness they should tell us the criteria they used.

**Response:** We made the diagnosis of DIC following the criteria by ISTH. And the criteria have been complemented by a table (table 1) in the manuscript.

In the discussion the authors describe the clinical features of some of their patients. This information should appear in the section called "clinical manifestations"

**Response:** According to the reviewers' suggestion, the clinical features of some patients in the discussion have been switched to the part of "clinical manifestations". And the contents associated have been adjusted.

Referee 2 report:

Comments to the Author
The question is well defined but KMS is associated with Kaposi haemangioendothelioma and uncommonly with infantile and congenital haemangioma – refer to classification by ISVA. Few of the cases are definitely KHE according to their description. MRI is helpful in the differentiation. Clarification is essential whether the lesions are KHE or haemangioma

**Response:** The identification of hemangioma type rely mainly on pathologic examination, but KMS is associated with coagulation dysfunction, which is a contraindication of pathological biopsy. When the condition was better, patients’
adherence to biopsy reduced, so they didn’t accept pathological examination routinely. The MRI findings of KHE have some characters. It presents as an enhancing, ill-defined, soft-tissue mass that is hypointense or isointense on T1 weighted images and hyperintense on T2 weighted images compared with muscle. Prominent vascular channels, presenting as flow voids in the tumour or as linear enhancing channels adjacent to the tumour, are usually noted. However, these findings are not specific for KHE. KHE can’t be confirmed by MRI only. KMS is associated with KHE in over 90% of cases according to the research findings recently. So our patients accepted B-mode ultrasonography, color Doppler flow imaging, or computed tomography (CT) because of the cheaper costs. Only one patient accepted MRI. So the MRI data was limited. We thank the reviewer for bringing to our attention the lack of further data in our manuscript. We will pay more attention to MRI presentation of KMS in the future.

It is rare to see so many cases of KMS in such a short period and can be accepted for publication with the changes and more clinical pictures.

Response: We have added some clinical pictures (Figure 1) in the manuscript. This proposal made our manuscript more readable.

An article of importance in its field.

Response: We thank the reviewer for this positive feedback.

Needs some language corrections before being published.

Response: The manuscript has been reviewed by an English speaking scientific editing company to ensure that the language is concise and coherent and suitable for publication in an English Journal.

I think however this is an interesting study with a definite contribution to the literature of the use of comprehensive sequential therapy for KMS. I hope this article can be reconsidered following extensive changes and would make a good contribution to the journal. We look forward to receiving your feedback. Best wishes!