

Review of: "[Case Report] Clear Cell Carcinoma of the Ovary with Disseminated Intravascular Coagulation and Haemoperitoneum with Tumour Rupture"

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Potential competing interests: No potential competing interests to declare.

Thanks for inviting me to review this interesting case report.

As regard coagulation part,

Strength points:

-Using ROTEM as a point of care, quick test that may help in diagnosis and replacement therapy decision making.

-Detailed and organized description of the sequence of events in the case.

Weakness points:

-Excluding DIC as a cause of platelet drop (in the first occasion of thrombocytopenia) ,because of absence of schistocyte. Presence of schistocytes is not mandatory to diagnose DIC and even not a part of ISTH-DIC scoring system.

-I would recommend adding all data of conventional coagulation assays if were done i.e PT, INR, Fibrinogen level and D-dimer results to be correlated with data of ROTEM. ROTEM in DIC diagnosis is still a matter of debate and research.

- I would recommend taking in consideration other possible differential diagnoses like TTP for this case. Results of ROTEM that indicate coagulation factor deficiency are against TTP but the available Aptt results were normal. On the other hand, Fever, bilirubin increase in spite of being mostly direct, low Hb with low platelet, and presence of schistocytes occur in TTP. Inter-preitoneal bleeding might be a result of the ovarian tumor rupture rather than DIC. Additionally, evidence of PE was persistent after tumor excision (as an underlying cause of DIC).

Thank you, wish you all best.