Author's response to reviews

Title: Crohn's Disease Presenting With Orbital Myositis After Loss Of Response To Infliximab And Then Responding To Adalimumab - A Case Report And Review Of The Literature

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Author's response to reviews: see over
Thank you, for considering and accepting with revisions the stated manuscript. Please see the following revision details noted as per suggestions by the reviewers.

1. Title. We have changed the title as requested. Thank you for your suggestion.

2. A) Page 2, Paragraph 1, Background and Aims:
   - We changed ‘loss of response’ to adalimumab to ‘discontinuation’, as suggested.

   B) Page 2, Paragraph 2, Methods and Results:
   - We corrected grammatical error from ‘pain over right eye’ to ‘right eye pain’
   - We included the findings regarding right medial rectus tendonous involvement
   - We changed corticosteroid tapered to zero, to simply corticosteroid tapering dose to avoid redundancy
   - We substituted descriptive factor of ‘long term’ changed with quantifying factor of 10 months

   C) Page 2, Paragraph 3, Conclusion:
   - We removed ‘at the time of this publication’ as requested

3. A) Page 3, Paragraph 1 and 2, Background:
   - We have abbreviated Crohn’s disease to CD and orbital myositis to OM. These changes have been incorporated throughout the manuscript
   - Key word search has been removed
   - We included a sentence outlining the single previous report of OM being treated with adalimumab

   B) Page 4, Paragraph 4, Case Presentation:
   - ‘ER’ in parenthesis has been removed
   - We corrected grammatical error from ‘pain over right eye’ to ‘right eye pain’
   - Reorganized sentence structure as suggested
   - Physical findings including pupillary response, afferent pupillary defect and optic nerve findings were included, as suggested.
   - We included the findings regarding right medial rectus tendonous involvement
• As suggested, we added additional findings to clarify etiology; fat stranding, scleral thickening, and sinus opacification

• The ‘Significant’ descriptor for proptosis was removed as suggested

• Clarification regarding the standard therapy with Adalimumab in combination of methotrexate was added

• Consent statement removed from the case presentation portion, Thank you for your suggestion

4. A) Page 5, Paragraph 2, Discussion:
• Additional details, such as retracted eye lids and pain profile, were added to clarify the presentations of orbital myositis and thyroid ophthalmopathy

B) Page 6, Paragraph 3, Discussion:
• Spelling error was corrected, thank you.

C) Page 6, Paragraph 4, Discussion:
• We added a paragraph highlighting mouse chimeric antibody of infliximab and compared with the fully humanized antibody of adalimumab

5. Figure 1:
• We changed descriptive features to erythema and edema, as suggested. We added a description of the superior sulcus findings. Unfortunately, no image was taken at the time of presentation which correlated with standard views for proptosis assessment

6. Figure 2:
• New CT image demonstrating tendonous insertion thickening was added
• Features which help delineate etiology, such as fat stranding and scleral thickening, was added. Thank you for your suggestions.