Author's response to reviews

Title: Should there be a standardised approach to the diagnostic workup of suspected adult encephalitis? A case series from Australia

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Version: 3 Date: 1 November 2010

Author's response to reviews: see over
Roxane Rajabi  
The BioMed Central Editorial Team

Dear Editor

Re: MS: 6665953443942628: Should there be a standardised approach to the diagnostic workup of suspected adult encephalitis? A case series from Australia Clare Huppatz, Yash Gawarikar, Chris Levi, Paul M Kelly, David Williams, Craig Dalton, Peter Massey, Rodney Givney and David N Durrheim

We are really very appreciative of the excellent suggestions and supportive comments provided by the reviewers of our manuscript. We have addressed their thoughtful comments as detailed below and highlighted in tracked changes in the revised version of the manuscript submitted.

We believe that this has further enhanced the value of the contribution to our medical and scientific colleagues. We trust that this revision will meet with the approval of the Editorial Team.

Yours sincerely

Prof. David Durrheim on behalf of the authors.

Reviewer: Christian G. Bien

We thank the reviewer for recognizing the importance of this contribution in motivating for a more standardized assessment of patients with an encephalitic syndrome. We welcome the reviewer’s suggestion to mention the importance of autoimmune encephalitis as part of the differential diagnosis of suspected viral encephalitis, which we have included and referred to the excellent publication by: Gable MS, Gavali S, Radner A, Tilley DH, Lee B, Dyner L, Collins A, Dengel A, Dalmau J, Glaser CA. Anti-NMDA receptor encephalitis: report of ten cases and comparison with viral encephalitis. Eur J Clin Microbiol Infect Dis 2009;28:1421-1429, as recommended.

Reviewer: Nino Khetsuriani

We thank the reviewer for their kind comments indicating that the paper was well-written, focused on an important issue and using an appropriate methodology.
This work builds on previous research conducted by this team focused on adult neurology presentations rather than paediatric patients, as team members are primarily responsible for adult patients.

We have noted the reviewer’s recommendation that larger studies are now merited in the Discussion.

As the reviewer points out, since the study covers a 10 year period with the wider availability of molecular diagnostic methods during the study period, diagnostic methods may have changed. This has been added in the Discussion.

All the Minor Essential Revisions have been addressed as follows:
• On P. 5 the acronym HSV has been added after the mention of “herpes simplex virus”.
• The occupational history did not assist in suggesting an etiologic diagnosis in this case series.
• On P. 13 – line 5 – “herpesviruses” has now been corrected.
• On P. 13 – line 14 – VZV has been replaced by “varicella zoster virus”
• In Table 3, echoviruses, coxsackieviruses and enteroviruses have now been combined as single entry “enteroviruses”.
• Table 3 specimen types refer generally to tests conducted on CSF or blood and this has been noted in the text.
• In Table 3 pathogens have now been listed by pathogen group.