Author's response to reviews

Title: Diaphragmatic paralysis: A rare consequence of dengue fever

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Author's response to reviews: see over
Dear Dr. Patel

On behalf of all the authors, I would like to thank you for considering our manuscript entitled “Diaphragmatic paralysis: A rare consequence of dengue fever” for publication in the Journal BMC Infectious Diseases as a case report.

I have received the requested revisions by the referees and have duly amended the case report in par with their suggestions. The said changes are as follows:

**Referee 1 - Isabel Rodriguez-Barraquer**

1. The figures have no legends – Acknowledged and added to manuscript

2. I would like to see more information on the patient. Concomitant diseases? Comorbidities? The patient had no previous co-morbidities (Added to manuscript)

3. The patient was seen again one month after discharge. Did the cough persist during this period? Or did it resolve and started again after one month? The cough persisted infrequently but was continuous for three days prior to the second admission (Added to manuscript)

**Referee 2 - Jaime Chien**

Major Compulsory Revisions

Author says in background line 2: “All three presentations of the disease usually recover uneventfully if accepted protocols are adhered to” – can the authors suggest what are examples of accepted protocols? Dengue infections are usually self limited and treatment is supportive and symptomatic in nature. – What was mentioned as accepted protocols is the National Guidelines on the management of dengue fever and dengue haemorrhagic fever in adults, published by the Ministry of Health, Sri Lanka in 2010. A web link to the guideline site has been added and included as a reference.
Abstract line 2: “Although its clinical course is usually uneventful, rarely complications have been known to arise, particularly neurological manifestations. Here we report of a patient who developed diaphragmatic paralysis secondary to phrenic neuropathy following recovery from dengue fever.” Last sentence needs editing – Acknowledged and changed in manuscript

Background, line 1: “Dengue virus infections are known to manifest in three mainforms: — Undifferentiated fever, Dengue fever syndrome and Dengue hemorrhagic fever [1].”

Current WHO classification in 2009 classifies dengue into Dengue with/without warning signs and severe dengue, probably better to use this to illustrate the background. – Although in Sri Lanka we follow the previous 1997 definition of Dengue Syndromes, publishing the most recent WHO revision seems appropriate. Acknowledged and changed in manuscript.

“Diaphragmatic paralysis secondary to phrenic nerve involvement following dengue fever has only been reported twice before in world literature [5,6]. Here we report the third such case in a patient who developed breathlessness one month following diagnosis of dengue fever.” (Unnecessary) - Deleted

Case summary line 4: “He did not have any bleeding manifestations and was admitted to be passing adequate amount of clear urine with no apparent discoloration.” - Changed

Line 5: The comment of “stagnant muddy water contact” is not relevant to the case, most patients with dengue infection do not have such contact history. - Changed

Line 10: “The platelet count was dropped to a low of 20,000/mm3 before recovery but and the patient did not develop any significant bleeding manifestations” - Changed

Paragraph 2: “He was managed with intravenous fluids according to standard guidelines and was discharged from hospital following a 48 hour afebrile period, good appetite and adequate platelet rise.” - perhaps need to rephrase this sentence. What is standard guidelines, can authors elaborate? – What is mentioned as standard guidelines is again the National Guidelines on the management of dengue fever and dengue haemorrhagic fever in adults, published by the Ministry of Health, Sri Lanka in 2010 (Reference included)

Paragraph 2: “Two days prior to discharge he developed a persistent dry cough, without fever. A repeat chest x-ray was performed but did not reveal any abnormalities and he was treated with bronchodilators and cough suppressants.” – can authors include the provisional diagnosis and why the patient was treated with bronchodilators? – Provisional diagnosis was acute bronchitis and hence the use of bronchodilators.
Case Report Cover Letter

“One month later after discharge the patient had persistent cough and exertional was seen again, with complaints of a dry cough and breathlessness made worse with exertion” A chest xray was performed at this time and revealed a raised right hemidiaphragm (Figure 2). (need to be rephrased) – Changed

Discussion paragraph 1: “Although the clinical spectrum of the disease is well recognized and recovery usually unremarkable, on occasion, rare but recognized consequences of the infection are encountered. Of the unusual neurological manifestation of the disease, encephalopathy and Guillain-Barre syndrome seem to be reported more commonly than others [3].” (needs to rephrase) – Changed

“The said Our patient had confirmed dengue viral infection which was managed without complications in the ward but was subsequently found to have right sides phrenic nerve palsy…” (needs to correct grammar and rephrase) - Changed

I hope the revisions are to your satisfaction and will be looking forward to a favourable response. Please do not hesitate to contact me for any further changes.

Thanking you,

Sincerely,

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