Reviewer’s report

Title: Diaphragmatic paralysis: A rare consequence of dengue fever

Version: 1 Date: 9 November 2011

Reviewer: Jaime Chien

Reviewer’s report:

- 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.

- Minor Essential Revisions
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

Background, line 1: “Dengue virus infections are known to manifest in three main forms: — 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.

“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 )

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 discolouration.”

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.

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

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?

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?

“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)

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)

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 grammer and rephrase)

- Discretionary Revisions

how about discussing the available treatments for fulminant phrenic neuropathies 
secondary to viral infections to add educational value to the discussion?

**Level of interest:** An article of limited interest

**Quality of written English:** Needs some language corrections before being 
published

**Statistical review:** No, the manuscript does not need to be seen by a 
statistician.

**Declaration of competing interests:**

I declare that I have no competing interests