Author's response to reviews

Title: Acute posthypoxic myoclonus after cardiopulmonary resuscitation

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Author's response to reviews: see over
Dear Dr. Danrolf de Jesus,

Please find enclosed our revised manuscript entitled “Acute posthypoxic myoclonus after cardiopulmonary resuscitation” (7871761196666064). We would like to thank you for the opportunity to resubmit our manuscript.

Furthermore, we would like to thank the Associate Editor for reading and providing valuable comments. We have considered all comments and changes have been made to the manuscript accordingly. All changes in the manuscript have been highlighted.

In the remainder of this letter we provide our responses to the Associate Editor’s comments.

Please let me know if you require any additional information. On behalf of my co-authors I would like to thank you in advance and look forward to your editorial decision.

Response to the Associate Editor:

The paper is much improved, but there are still a couple of issues that should be addressed for clarity’s sake:

1) I am unclear about the distinction of focal vs. generalized myoclonus. Do the authors equate focal with segmental myoclonus, e.g., if it affects only the platysma bilaterally? Where does multifocal myoclonus fit in?

We agree that the distinction of focal, segmental, multifocal or generalized myoclonus is very important. However, for the present study we have decided to distinct only the clinical classification of focal and status myoclonus on the case record form, as in this specific patient group (patients in coma after CPR) further
differentiation is often difficult and not each physician’s expertise. Furthermore, there
is no evidence that an extensive subdivision in types of myoclonus in this type of
patients adds information regarding treatment or outcome. In the Introduction section
we have added in the first paragraph that acute posthypoxic myoclonus can present
as multifocal myoclonus. Furthermore, we have added in the Methods section that
there was no score option for multifocal myoclonus.

3) What is the evidence that cortical myoclonus cannot be generalized? Sometimes it
is associated with bilaterally synchronous spikes.

We agree that cortical myoclonus indeed can be generalized, but most commonly the
cortically generated myoclonus is focal or multifocal. We have changed the sentence
in the Introduction section into “ Clinically, cortically generated myoclonus is mostly
focal or multifocal and mainly affects parts of the body with a large cortical
representation, such as hand and face.”

4) A minor point, please change “eighties” to “the 1980s” in the Discussion.

Thank you for notifying, we have changed “eighties” into “1980s”.

Yours sincerely,

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