Reviewer's report

Title: Marchiafava-Bignami disease mimics motor neuron disease: Case Report

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Reviewer: Lewis P. Rowland

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In earlier times, Marchiafava-Bignami disease (MBD) could be diagnosed only by postmortem examination. Now it can be diagnosed in life by finding MRI evidence of degenerative changes in the corpus callosum, as the authors of this manuscript have done. I have numbered the pages, starting with the cover sheet as page 1.

Page# Par Line Comment

1 Spell out abbreviations with first usage.

12 2 1 Authors do not give enough information to determine whether cranial nerve finding indicate dysfunction of lower motor neurons. Otherwise the disorder could be classified as primary lateral sclerosis, not "MND". Mention presence or absence of fasciculation in tongue.

3 up Give vitamin B1 level.

1 How long did it take before symptoms and MRI changes improved?

13 1 Mention number of usual range of weeks or months for duration of symptoms.

Insert a short paragraph for set of consensus symptoms for diagnosis.

2 Instead of "bulbar palsy" mention upper and lower motor neuron signs.

3 1 History of alcoholism is good. The oropharyngeal symptoms were present for only 3 week, which can be considered "subacute".

3 up When did he have subdural hematoma diagnosis? what happened to it (few sentences)?

15 1 3 could you tell whether facial weakness was upper or lower motor origin?

4 Was there a snout reflex? emotional lability (pseudobulbar palsy)?
3 TRs were increased in arms. Hoffmann signs? Grasp reflex?

2 1 With both upper and lower motor neuron signs, why not ALS?

4up No LMN signs of denervation in tongue or limb muscles. Was this PLS?

16 2 4 When did vitamin therapy start? Give date. When did gradual improvement start?

17 2 1up Spell out abbreviations with first usage.