Author's response to reviews

Title: Autonomic nervous system dysfunction predicts poor prognosis in patients with mild to moderate tetanus

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The Editor,
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Dear Sir, Thanks for a comprehensive review. Attached are revised manuscript. (R) All the changes suggested by reviewer are underlined in manuscript R1. Following are the responses to reviewer’s comments:

1. None of the patients in Non-ANS group had any evidence of autonomic dysfunction (Hence they were called non-ANS group)
2. Ethical review committee approval is not required for retrospective chart review at our institution. It is only required for prospective studies.
3. Definitions and criteria for autonomic dysfunction are added.
4. Pulmonary embolism prophylaxis was employed in most patients. This information is added to text.
5. Methodology and frequency of BP and heart rate measurement is added. Values taken during spasm were excluded from study. The possibility of patients dying of acute arrhythmia or autonomic dysfunction could not be ruled out. These patients did not have autonomic dysfunction on initial evaluation.
6. Same questionnaire was used for all patients.
7. Some patients received morphine in the ICU but it was late in the course of illness. It was not used as first line therapy or did not affect their inclusion or exclusion in ANS versus non-ANS group. The role of Morphine in ANS dysfunction in tetanus is added.
8. All patients who suffered respiratory arrest were receiving Valium or Diazepam but the dose was not high enough to cause respiratory failure. The exact cause of death is not known because none of them were witnessed.
9. A 2X2 table is added comparing severity to autonomic dysfunction
10. The series reported by Brauner is added.
11. The pathophysiology of ANS dysfunction (? damage to brain stem nuclei) is revised with updated information suggested by reviewer.

Sincerely,

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