Author's response to reviews

Title: Acute Red Eye and Back Pain as a Presentation for Systemic Illness: Case Report

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Author's response to reviews: see over
Covering Letter: Acute Red Eye and Back Pain as a Presentation for Systemic Illness

Response to Reviewers comments:

Reviewer: Muhammad Tariq Bhatti

Thank you for your comments – “nice illustrative case of endogenous endophthalmitis but does not add much to the existing literature, in terms of new findings”. To our knowledge the presenting combination of endogenous endophthalmitis and discitis secondary to an underlying endocarditis has not been previously described within the literature. This presentation should alert physicians to the possibility of a serious underlying condition.

Comment – “Reject because scientifically unsound”. We felt this comment was unfair, as the nature of the case report is descriptive and not based on a scientific principle.

Comment –“An article of insufficient interest to warrant publication in a scientific/medical journal”. As both red eye and back pain are common presenting complaints to a number of medical specialities, we felt a case of endocarditis presenting with both should be of general interest.

Reviewer: Soon Phaik Chee – thank you for your comments.

Major Compulsory Revisions:

1. There was no history of fever, chills or rigors.
2. The presence of a relative afferent papillary defect (RAPD) in the affected eye would have been difficult to demonstrate, as the pupil had significant posterior synechiae. In light of this the presence or absence was not commented upon in the report.
3. Initially the patient was given intravitreal antibiotics and five day one week course of oral Ciprofloxacin 500mg twice daily. For treatment of the endocarditis and discitis, the *Streptococcus* was sensitive to Trimethoprim (200mg per day) and Moxifloxacin (400mg once per day). Both were given under microbiology advice for a period of ten weeks.
4. Clinically it can be difficult to decide between a non-infectious uveitis and endophthalmitis, as the signs can be identical. Further investigation is required.
Formatting Changes: We have included the recommended editorial changes in a revised 'discussion' section.