Author’s response to reviews

Title: The role of lumbar puncture in children with suspected central nervous system infection

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Dear Enitan,

Re: Kneen et al. The role of lumbar puncture in children with suspected CNS infections

Thank you for sending us the reviewer’s comments. Please find attached a revised manuscript, which addresses those comments.

Reviewer: Dr Allan Tunkel

1. As requested, severe headache has now been defined.
2. CNS infections were suspected in children with focal neurological signs; the text has been modified to make this clear.
3. As requested the expression ‘discussion with colleagues’ has been omitted.
4. We have changed the statement ‘LP is now becoming obsolete’ which the reviewer felt to be too strong. The statement ‘there are now many senior house officers who have never performed an LP’ which was felt to be ‘editorializing’ has also been deleted as requested. Instead we refer readers to our editorial in Archives of Diseases in Childhood (in press).

Reviewer: Dr Henriette Moll

1. We are sorry that the reviewer thought there were methodological errors in the retrospective inclusion criteria. This is simply a misunderstanding. We have clarified in the methods that children with viral infections etc, who had meningeal signs on admission are included in this study. Although our starting point was the discharge diagnosis for the child, we did not restrict ourselves to discharge diagnoses of CNS infections, we looked at the notes of all patients who might have had meningism on admission. We examined the case notes of over 400 acute medical admissions precisely to ensure that children with, for example viral infections and meningeal signs were included in the study: We agree with the reviewer that had we not done this, the value of our study would have been limited. But this is precisely what we did!

2. As suggested by the reviewer, details of the outcome of the children that did not receive a LP are now described, and compared with those that received a LP. No child in any group died or had sequelae. But children that did not receive an LP, were less likely to have their antibiotics stopped early.