Author’s response to reviews

**Title:** Rhizotomy targeting the intermediate nerve, the glossopharyngeal nerve and the upper 1st to 2nd rootlets of the vagus nerve for the treatment of laryngeal neuralgia combined with intermediate nerve neuralgia—a case report

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**Author’s response to reviews:**

Dear Edward

We are extremely grateful to you and the reviewers for the professional and constructive comments to our manuscript, entitled “Rhizotomy targeting the intermediate nerve, the glossopharyngeal nerve and the upper 1st to 2nd rootlets of the vagus nerve for the treatment of laryngeal neuralgia combined with intermediate nerve neuralgia—a case report”. The issues raised have been addressed as following to improve the scientific integrity of the manuscript. We hope the revised manuscript meet the requirements for publication in the Scandinavian Journal of Immunology.

Thank you again for your guidance in enhancing the quality of our manuscript.

Sincerely,

Kai Zhang, MD

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1. We recommend that you copyedit the paper to improve the style of written English. If this is not possible, you may need to use a professional language editing service. For authors who wish to have the language in their manuscript edited by a native-English speaker with scientific expertise, BioMed Central recommends Edanz (www.edanzediting.com/bmc1). BioMed Central has negotiated a 10% discount to the fee charged to BioMed Central authors by Edanz. Use of an editing service is neither a requirement nor a guarantee of acceptance for publication. For more information, see our FAQ on language editing services at http://www.biomedcentral.com/authors/authorfaq/editing.

Thanks for the suggestions, the language usage of the manuscript was edited by
a native-speaking scientist.

2. Please include the email addresses of all authors in the title page.

The email addresses were included.

3. Please reformat the manuscript so that it includes separate ?Discussion? and ?Conclusions? sections.

We reformatted the manuscript.

4. Please include an acknowledgements section, in accordance with the journal's instructions for authors (http://www.biomedcentral.com/bmcsurg/authors/instructions/casereport#formatting-acknowledgements).

Acknowledgements section were included.

5. Please respond to the following comment by reviewer 1: 'It is not clear how the authors' thought and diagnostic process went when they differentiated between glossopharyngeal and intermediate neuralgia.'

The diagnosis for intermediate neuralgia is based on knife pain or burning pain in the deep inner ear of patients. However, glossopharyngeal neuralgia generally is not accompanied by deep inner ear pain. And the preferred surgical treatment for intermediate neuralgia is intermediate neurectomy.