Reviewer's report

Title: Bruxism secondary to brain injury treated with Botulinum toxin-A: a case report

Version: 1 Date: 18 July 2006

Reviewer: dirk dressler

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Head and Face Medicine

El-Maaytagh et al. Bruxism â€¦ MS# ?

The authors are reporting a patient with bruxism who was successfully treated with botulinum toxin type A. The use of botulinum toxin for treatment of bruxism has been reported since the late 1980's. Currently it is standard clinical practise in all centres offering botulinum toxin treatment. This report therefore does not offer any new information whatsoever. Additionally there is some major criticism questioning the authors' competence to perform this therapy:
1) The product licence requires botulinum toxin to be reconstituted with normal saline. In most countries reconstitution with local anaesthetics and adrenaline would be a legal offense. Besides, this practise does not make any medical sense.
2) According to unanimous consent the interinjection interval between botulinum toxin injections should be at least 12 weeks, not 3 weeks.
3) A total dose of 24mu per side is far too low to produce a robust and lasting effect. This is the reason why booster injections became necessary. The dose of this injection needs to be disclosed. The high number of injections sites for the masseter is absolutely unnecessary. Frequently, the pterygoid muscles are involved in bruxism and require treatment as well. The authors didn't even bother to consider this aspect.
4) There is no sufficient neurological work-up of the case. MRI is the imaging technique required to investigate suspected brain stem lesions. Interpretation of the neurological findings is substandard.
5) The claim of botulinum toxin therapy to be a safe and effective treatment of bruxism is not substantiated by the presented data. It would be by reviewing the literature, which the authors never bothered to do.
6) How can dysphagia be excluded in tube fed patient?
7) The loquacious discussion of bruxism reveals a lack of understanding of current concepts of this condition. Did the patient suffer from trismus or bruxism? The authors do not seem to care.
8) The style of the manuscript is unprofessional: Case reports do not require an abstract, methods are incorporated in the case report section, all authors are from the same institution, so numbering of the authors is not necessary etc.

What next?: Reject as not sufficiently sound

Level of interest: Reject as not of sufficient priority to merit publishing in this journal

Quality of written English: Acceptable