Author's response to reviews

Title: Improvement of chronic facial pain and facial dyskinesia with the help of botulinum toxin application

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Author's response to reviews: see over
Dear Dr. Stamm, dear Reviewers of H&F Medicine

Thank you for sending us the comments of the reviewer. Following the advice of all reviewers we
1. want to inform you that the manuscript has been re-structured by us and corrected by a native
speaker.
2. We tried to integrate the comments, here you find our suggestions:

To reviewer Dr. Borodic:
We have expanded experiences in BTA treatment in patients with facial dyskinesis like synkinesis
(first description by our group) following defective healing of the facial nerve, hemifacial spasms and
blepharospasm, but not so much in facial pain syndromes. We integrated the important general advices
of Dr. Borodic in the discussion so that the reader is cautioned not to do to easy conclusion thinking
that BTA is suited to treat any facial pain syndrome.

To reviewer Dr. Sipila:
The reviewer critized mainly that we did not use a “Visual Analog Scale (VAS)”. Unfortunately we
are not able to attach that to the paper retrospectively. Normally we use different scoring-scales in our
patients, but reflecting about the singularity of our described case we focused here on exact
anamnestic datas. However there exist conclusive arguments pointing to the BTA-effect (direct or
secondarily) responsible for the clear improvement of the patient’s symptoms. One important point is
the reproducible improvement following BTA-application parallel to the reduced dyskinesis of the
lower lip muscles. Another point is the recurrence of extensive pain symptoms when the full BTA
effect decreases, what is demonstrated and monitored by the synchronous recurrence of the
pathological movements of the lower lip. Again another argument is the declaration of the patient that
the pain symptoms dissapeared completely after the BTA injections. We see the weakness of the
missing VAS, but the disappearence of symptoms is a clear and existent qualitative effect.
Unfortunately we cannot quantify the effect because we have no basic value in a VAS.
Finally we added the advice to the reader that comorbidity in facial pain patients has to be taken into
account.
The new text inlays are marked in red. We hope that the reviewers can accept our changes and the
manuscript for publication now.

Sincerely,

Prof. Rainer Laskawi, MD