Author's response to reviews

Title: Painful rib hump. A new clinical sign for detecting intraspinal rib displacement in scoliosis due to neurofibromatosis.

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RESPONSE TO THE REVIEWERS’ COMMENTS

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Painful rib hump. A new clinical sign for detecting intraspinal rib displacement in scoliosis due to neurofibromatosis.
Andreas Gkiokas, Socratis Hadzimichalis, Elias Vasiliadis, Marina Katsalouli, Georgios Kannas

Reviewer: Tomasz Kotwicki

Minor Essential Revisions

1. The number of cases that have previously been reported were “twelve”. This was corrected in line 4 of Abstract.
2. The authors mean a single foramen in line 5 of Abstract, in line 11 of Case Report and in line 5 of Discussion. So, all the suggested corrections were made.
3. The word “lower limps” was replaced with the word “lower limbs” in line 11 of Abstract and in line 7 of Case Report. The word “cephalad” was replaced with the word “cephalic” in line 12 of Abstract and in line 10 of Case Report, although the word “cephalad” is not grammatically incorrect.
4. The word “left” was added before eighth rib in line 13 of Abstract as requested.
5. The word “been” was omitted from line 2 of Background.
6. The sentence of Case Report “The costovertebral rib displacement was at the apex of the curve on the convex side and entered to the spinal cord and compressed it” was revised.
7. The authors do not imply that the spinal cord compression isn’t an abnormality. The sentence of Case Report “The MRI examination of the spine showed neither cord abnormality nor neurogenic tumor” was revised.

Discretionary Revisions

1. Unfortunately, a postoperative CT scan is not available.
2. As the purpose of the study was mainly to introduce the “Painful Rib Hump”, an analysis of all the reported cases of intraspinal rib displacement was not performed. Furthermore, Khoshhal et al (reference no 8) have performed an excellent analysis of the reported cases in the literature.
3. There was not a positive family history. The CT scan was performed for the entire curve (T4-T10) in 5 mm slices but the rib penetration was located at the apical level. This is the reason why such information is not provided in the text.
4. The term “intraspinal rib displacement” was chosen because it is used in the literature.
5. A schema of a kyphoscoliotic curve in neurofibromatosis would probably not be more helpful for a non-experienced reader, especially if it derives from a poor quality image. The poor quality is mainly due to the effect of the deformity and it appears in all the available images.

The proposed radiographic detection of the rib dislocation is very interesting. The authors agree that the disturbance of the left lateral margin of the thorax in figure 1 may signify medial translation of the rib that corresponds to the eighth dislocated rib.
Reviewer: Toru Maruyama

Minor Essential Revisions

1. Corrected.
2. Pain was produced by pressure at the level of the left eighth rib which corresponds to the apex of the curve. This is clearly mentioned in the revised sentence in line 12 of Abstract.
3-5. Corrected.
6. The instrumentation was applied from T1 to L2 and the postoperatively Cobb angle was 65°. This information was added in line 19 of page 3. An additional figure (figure 3) with a radiograph after surgery is provided.
7-8. Corrected.