Author's response to reviews

Title: Idiopathic stabbing headache responsive to etoricoxib: A case report.

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Author's response to reviews: see over
Idiopathic stabbing headache responsive to etoricoxib: A case report.

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MBOC, EM, MJR interviewed the patient. MBOC, MJR prepared the paper

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Acknowledgement

Many thanks to the patient who attended our services for sharing his experiences with us and to the staff of the Medical Library of the South Infirmary – Victoria University Hospital, for their assistance in finding relevant material on this topic.

There is no conflict of interests

This is the second such article to be published in any journal.
A point-by-point response to the concerns

For reviewer 1:

1. The term “idiopathic stabbing headache” has replaced the use of the term “ice-pick headache syndrome” in accordance with the current guidelines set out by the International Headache Society -- Cephalalgia 2004;24(suppl 1):1-160

2. Neuroimaging was previously normal in this patient and a diagnosis of “idiopathic stabbing headache” can not be made on neuroimaging but purely by history. Thus imaging in this patient is unnecessary.

3. The issue regarding the patients Alzheimer’s disease and ability to give a clear history has been clarified. It is now stated that she was a good historian and a clear headache history was received from the lady. A description of her headache history has now been included in the paper.

4. She still remains on etoricoxib and is headache free. However the possibility of spontaneous remission has been listed as a possibility in this case.

5. References which highlight the better side-effect profile of COX-2 inhibitors to Indomethacin have been added to the paper as requested by the reviewer.

6. Despite this not being the first reported case of “idiopathic stabbing headache” responding to a selective COX-2 inhibitor the authors feel its publication is justified. It is only the second paper to be published on this topic and reinforces the previous publications findings.
For reviewer 2:

1. The term “idiopathic stabbing headache” has replaced the use of the term “ice-pick headache syndrome” in accordance with the current guidelines set out by the International Headache Society -- Cephalalgia 2004;24(suppl 1):1-160

2. Regards the title of the report. This has been changed to “Idiopathic stabbing headache responsive to etoricoxib: A case report.” As advised by reviewer 2.

3. The abstract has been totally revised to include what case the report is about and to highlight the major clinical point of the report.

4. The introduction has been shortened and now just focuses on Idiopathic stabbing headache. The criteria for the diagnosis of Idiopathic stabbing headache have also been included in the paper as advice. Thank you most sincerely to this reviewer for forwarding a review article to me on this topic.

5. The details of this patients have been clarified and presenting in a more coherent and comprehensive manner which confirms that this patients diagnosis was and is one of Idiopathic stabbing headache. Despite a history of Alzheimer’s disease her history is clear and specific, and typical of Idiopathic stabbing headache. She is a reliable historian despite her Alzheimer’s disease. The history now outlined in the paper is exactly what the patient told interviewers.

6. The use of the MMSE was incorrect and has been removed from the paper. There was a typing error here and this was incorrect and has been removed.

7. In the discussion section we have included a little information about Indomethacin-responsive, along with the response rates to Indomethacin. It was advice to carry out this addition by reviewer 2.

8. No references have been found to support that touching the scalp or increased ambient temperature produce pain in a patient with Idiopathic stabbing headache. This is the first recording of such an event. It may occur in other patients with Idiopathic stabbing headache but has been unreported or it may be specific to this patient. This clinical finding will
add to the discussion surrounding this case and may bring forward other cases with the same finding. Other triggers found and reported in other papers have also been included in the revision of this paper.

9 The paper previously published on the use of a COX-2 inhibitor has now been cited by our paper and highlights the importance of our report, which is the second reported case of the effectiveness of using a COX-2 inhibitor.

10 The treatment regimen of Idiopathic stabbing headache with Indomethacin and the other alternative treatments for Idiopathic stabbing headache have been commented on by our revision, with citations.

11 The reliability of this patient as a good historian has been documented in the revised report to avoid any concerns by readers that her Alzheimer’s disease may cloud the details obtained in the history taking process. It has also been highlighted that this is one case report being reported and that it is not possible to be 100% sure from one case that improvement is full due to the use of etoricoxib.

12 The confusion surrounding the use of the words ”less powerful” has been clarified by stating that words “side effects profile” which what was initially meant. Etoricoxib has a better side-effects profile than Indomethacin according to published literature.