Author's response to reviews

Title: Congenital syphilis, still a reality in 21st century- a case report

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Author's response to reviews: see over
To,
The editor,
JMCR

Sub: Cover letter for revised manuscript

Sir,

Thanks for considering our manuscript for publication in your esteemed journal and providing valuable inputs from the reviewers. We have made the suggested revisions to the manuscript and below are our replies to the referee’s comments.

Referee 1: Chris McMahon

We are thankful for the valuable suggestions provided by you and have made the revisions as below:

1. The case history has been expanded to include the information regarding the skin lesions, and other features of early congenital syphilis. The symptoms of the latent stage of the disease have also been elaborated in the case history (Case report paragraph 3, line 8 and paragraph 4, line 7)
2. The CSF was examined before penicillin treatment was started and this point has been incorporated in the case history (paragraph 3 line 13)
3. We have included the information regarding the stage of mother’s infection and risk of transmission to the fetus in discussion (paragraph 1, line 4 and 9), with addition of an extra reference, highlighting the importance of this relation as duly pointed by you sir.
4. The importance of retesting and prevention of other Sexually Transmitted Infections has been highlighted in discussion (paragraph 4, line 8)

Referee 2: Katerina Lagios

Thank you for your invaluable comments. Keeping in mind your remarks, we have revised our manuscript as listed below:

1. Apart from the articles mentioned in the references, we have reviewed other articles like (to mention a few)

Many other articles in Medline were in foreign languages, for which only abstracts were available and were duly read for important information. Another article has been added to the references (refer to point 3 below).

2. We have made the necessary correction regarding the TPHA titres in case report. (paragraph 3, line 6 and 16)

3. The pathophysiology of the palate has been included in discussion as differential diagnosis of palatal perforation (discussion paragraph 2) and an additional reference has been added. (reference 8)

4. Regarding your query about the effect of treatment, there was no improvement in the palatal lesion but his VDRL titres fell to 2 dilutions when last seen after 6 months of his first visit. This point has been incorporated in case history (paragraph 5, line 5)

5. The patient is the oldest child of the couple and this has now been highlighted in the case report (paragraph 3, line 15)

We hope to satisfy the queries of the esteemed referees and look forward to your feedback.

Thanking you

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