Author's response to reviews

Title: Delayed Spinal Extradural hematoma following thoracic spine surgery producing paraplegia: A Case Report

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Thank you for the excellent comments by the reviewers. We have gone through our manuscript in the light of the above comments and would like to clarify the following points.

To Dr Phillip Lenzlinger’ query as to the time course from the onset of pain and neurological deficit, we are clarifying that the time period was 2 hrs. The surgery was performed 3 hrs following the onset of neurological deficit.

Again to Dr Lenzlingers query whether the drainage was effective, we have highlighted the point that the drain was put on gravityh and not on suction. This is the standard prociedure following any durotomy. We postulate that the lack of suction effect would have rendered the drain inefficient in prompt evacuation of the bleed. The drain was not clotted.

Dr. Ashish Diwan has raised a question on the uniqueness of our report. This case report is unique in that although post operative Spinal Extradural hematomas is a known complication in spinal surgery, its occurrence in a symptomatic form in a delayed fashion is a rarity. Venous bleed is the most common reported source. An arterial bleed form paraspinal muscular branches (which is an extraspinal source) causing extradural hematomas with neurological deficit is under reported. Retrospectively, we think that this point was not sufficiently highlighted in our manuscript, the absence of which had prompted the reviewer to post such a question. We think that we have sufficiently highlighted this uniqueness in our revised version.

We evacuated the hematoma within 3 hrs of the onset of neurological deficit. As the patient has recovered well, we can expect optimal results with prompt recognition and early decompression. This could be of educational value. This fact has been endorsed by Dr Lenzlinger in his review.

As to Dr. Diwans comment that Figure 1 may not be necessary, we think that Figure 1 gives a self explanatory picture of the unclotted fresh blood in the drain which was probable the first sign that made us think in favour of a bleed. Hence it
has not been omitted.

We have revised our introduction to highlight the above points. We think that the references quoted are apt for the case reported. We have given the reference in square parentheses as required by the journals writing style.

The description of subspinous laminectomy has been added

The reference of postoperative spinal extradural hematomas as PSEH is nothing new. This abbreviation has been used in various papers describing the subject. Kindly see the noteworthy paper by Kebaish et al on postoperative spinal extradural hematomas.

Also we have modified the English language syntax to improve readability and to prevent ambiguity.

The abstract has been modified to highlight the uniqueness of the paper. The conclusion part has also been beefed up to drive home our findings to the clinicians.

With these modification, we sincerely hope that our manuscript will be considered for publication. We hope that the concerns raised by the reviewers have been addressed. We have tried to keep the report as coherent as possible. For any clarifications, please feel free to contact us.

With regards,

Dr Shiju Majeed A