Author's response to reviews

Title: Factitious cheilitis: Case report of a rare entity

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Author's response to reviews: see over
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Dear JMCR Editorial Team,

I am submitting you the revised version of our manuscript, entitled "Factitious cheilitis: Case report of a rare entity. MS: 9321424251469024. Erdinc Aydin, Ozgur Gokoglu, Gamze Ozurumez and Hakan Aydin"

Point-by-point reply to the reviewers comments are listed below. The revised manuscript is send in track changes format in order for the reviewers to follow the changes.

Thanks for your consideration.

Sincerely yours,

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Point-by-point reply to reviewers comments and suggestions:

Revisions necessary for publication:
1) Include entire addresses and emails for all authors on title page
Reply: The entire addresses and e-mails for all authors are added on the title page.

2) Page 1, Case presentation: Use first sentence to specifically state why the patient presented (pure HPI with chief complaint). The patient likely did not say I have a painless, crusted and ulcerated lesion-leave this detail to the physical exam section. Why did she present to your clinic-referral? specific problem?
Reply: The chief complaint is stated as such in the text. ‘56 year-old female presented to the otolaryngology department with the chief complaint of a lesion on her lower lip.’ The patient came to otolaryngology department with this chief complaint.

You state on line 14 that her medical history was unremarkable but go on later to state that she has depression. Given the proposed link to depression later in the text, I think that this is relevant as is the death of her father. Line 21 describes her denial of psychiatric care as a typical feature of her disorder. This should be moved to the discussion.
Reply: Depression was diagnosed in our hospital after the psychiatric consultation. That was why we stated that her medical history was unremarkable.

Let us know how well the prescribed therapy you chose is currently working-we need to know how the patient is currently doing.
Reply: ‘She refused psychiatric treatment of any kind including the prescribed selective-serotonin reuptake inhibitor (Fluoxetine 20 mg/day). After a year from her first presentation to otolaryngology department her lesion neither healed nor got better.’ Is added to the text.

3) Page 2, Discussion: Place all numerical reference citations in square brackets.
Reply: All numerical reference citations are placed in square brackets.

4) Page 3, Discussion: Historical review of this and related disorders should be condensed into 2-3 sentences. The conclusions made (lines 12-25) are highly speculative and should be removed. at most the events described should be
suggested as inciting/exacerbating events.

Reply: Speculative sentences are deleted.

Lines 21-30 describe appropriate diagnostic workup ans should be in their own section along with a statement to the effect that the disease is a dx of exclusion.

Reply: ‘Cultures and histopathologic examination are prudent to rule out malignancy and specific infectious etiology. In this case, the patient’s history, the negative biopsy findings and a thorough clinical evaluation-including the psychiatry consultation - excluded organic causes. ‘ is added to the text in accordance with your suggestions.

5) Page 4, discussion: Lines 2-4 is awkward. The last paragraph, starting with line 5 describes treatment and several agents are suggested as first line.

Psychiatric therapy should to be first line with all of the others being treatments for secondary changes and symptomatic relief.

Reply: ‘Psychopharmacological and psychotherapeutic treatments should be used first line according to the diagnosis, depending on the presence of a comorbid DSM-IV (Diagnostic and Statistical Manual of Mental Disorders) Axis I disorder (eg. depression) or a comorbid Axis II disorder (eg. borderline personality). Other than targeting comorbid psychiatric disorders, there is no standard pharmacological treatment for factitious disorder. And one must have to keep in mind that an underlying mood or anxiety disorder that is treatable bodes for a better prognosis, whereas an underlying personality disorder bodes for a poorer prognosis [7]. Topical application of %20 urea, corticosteroids, antibiotics, antifungal agents, petrolatum gels and sunscreens are dermatological treatment agents [2]’ is added to the text in accordance to your recommendations.

What next?: Revise and resubmit

Quality of written English: Needs some language corrections before being Published

Reply: The manuscript is revised by a native English speaker.

Thank you for your positive contributions to our manuscript.