July 5, 2008

The JMCR Editorial Team

We would like to re-submit revised version of case report entitled ‘Bilateral dystonia in a patient with type I diabetes’ (MS: 1443992250195461) to be considered for the publication in JMCR. I hope we addressed the issues which reviewers raised.

I am looking forward to hear your decision.

Sincerely yours,

Jun Wada, M.D., Ph.D.
Department of Medicine and Clinical Science,
Okayama University Graduate School of Medicine
2-5-1, Shikata-cho, Okayama 700-8558, Japan
+81-86-235-7235 (phone)
+81-86-222-5214 (fax)
junwada@md.okayama-u.ac.jp (email)

Response to reviewer 1

We appreciate reviewer 1 for the critical comments.

Major comments

1. We could exclude the possibility of SLE, Wilson’s disease and throughtoxicosis and described in page 2 lines 1-3, “Anti-nuclear antibodies were negative, serum ceruloplasmin and thyroxine levels were within normal range.”

2. Haloperidol seemed to be effective for involuntary movement; however the symptoms did not recur after the discontinuation of haloperidol, indicating correction of hyperglycemia is effective in the treatment of hemichorea-bilateral chorea. We add the sentence in page 3 lines 12-13, “After the discontinuation of
haloperidol, the recurrence of dystonia was not observed.”

3. We discussed about high glucose-induced involuntary movements in type 1 and type 2 diabetes in page 3 lines 31-36, “In the 53 cases reported in the literature, only one case of type 1 diabetes with acute onset of non-ketotic hyperglycemia was reported and the rest of them were type 2 diabetes in elder patients2. The series of the case suggested that long-term exposure to hyperglycemia without ketosis in elderly is related to the development of hemichorea-hemiballismus in diabetes.” In addition, we add the point related to mechanisms the dystonic movement in diabetes in page 3 lines 27-29, “Since dystonia is caused by the lesions of basal ganglia, the dystonia is a spectrum of the hyperglycemia-induced involuntary movements in addition to hemichorea-hemiballism.”

Minor comments
We corrected grammatical and typographical errors accordingly.

Response to reviewer 2
We thank reviewer 2 for the important comments.

1. We replace the conclusion in abstract section by simple sentence, “Dystonia is one of the manifestations of hyperglycemia-induced involuntary movement besides hemichorea-hemiballism.”

2. We defined the chorea and ballismus according to the reference #1 in page 2 lines 19-20, “Chorea is defined as irregular, unpredictable, brief and jerky involuntary movements, while ballismus is large-amplitude flailing movements1.”

3. The movement continued while she slept and we add the sentence in end of page 2, “These movements were observed both in an awake and sleep state.”

4. We removed the word “aura” and just mention as “forefeel”.

We add further discussion related to the pathophysiology of the case and correct some English, which were also suggested by reviewer 1.