Reviewer's report

Title: Bilateral dystonia in type 1 diabetes: a case report

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Reviewer: Mustafa S Siddiqui

I am familiar with the literature and believe that this case meets one of the 9 criteria for evaluation in the journal: Unexpected or unusual presentations of a disease

Has the case been reported coherently?: No

Is the case report authentic?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

Does the case report have explanatory value?: No

Does the case report have diagnostic value?: Yes

Will the case report make a difference to clinical practice?: Yes

Is the anonymity of the patient protected?: Yes

Comments to authors:

- General comments

Dystonia secondary to hyperglycemia is indeed a rare complication of Diabetes mellitus and this case is worth reporting. The authors have provided a video of the case.

I have the following observations on this case report.

1. The conclusion section in the abstract differs from the one at the end of the article. What do the authors mean when they say basal ganglia are "generally weak in hyperglycemia stress" and that "chronic hyperglycemic stress might induce reversible neurotransmitting functional disorders". The arguments given by the authors in support of their conclusion are speculative. These are vague terms and should not be used in conclusion unless supported by evidence and explained in detail. The simple conclusion given by the authors at the end of the article should be sufficient and speculations on pathophysiology should best be avoided. Authors can certainly discuss the pathophysiology in a better way in the discussion section.
2. The definition given by authors (pasted below) is very generic and they should use the standard definitions for these type of movements.

"Introduction
Hemichorea-hemiballismus is a spectrum of a series of involuntary, continuous, nonpatterned movements of one side of the body"

3. Authors should mention if these movements were present in an awake or sleep state?

4. What was the aura? (pasted below) Aura is not a typical feature of movement disorders.

"She recognized her forefeel or aura at several seconds in prior to the initiation of involuntary movement"

Overall, if the authors do a detailed revision of the article with help in english and a better discussion of the possible pathophysiology, this may be a publishable case.

Quality of written English: Not suitable for publication unless extensively edited

Declaration of competing interests:
I declare that I have no competing interests