Author's response to reviews

Title: Cervical necrotizing fasciitis and descending mediastinitis in a young healthy adult secondary to unilateral tonsillitis; A case report

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Author's response to reviews: see over
We have revised the discussion to improve its content. Many new references have been sought. The role of CT scan has been emphasised. We have also discussed the role of limited surgery in the form of abscess drainage by percutaneous technique avoiding aggressive debridement.

In addition, the following is point to point response to respected reviewers’ suggestions.

Response to Reviewer:

**Reviewer:** Bruno Zilberstein

1. We have revised the case report to improve its content.
2. As mentioned in the case presentation, the patient did not have any immuno-compromising medical condition. HIV risk assessment was done according to our hospital guidelines and our patient was found to be very low risk. Full blood count and blood film also did not raise any suspicion. Therefore laboratory confirmation was deemed unnecessary. Advice was sought from the consultant microbiologist on this issue.

Response to reviewer:

**Reviewer:** D Morioka

1. Skin ischemia or necrosis is not part of the infective process and hence, is not a diagnostic criteria for necrotizing fasciitis. Necrotizing fasciitis initially spares the overlying skin and underlying muscle. Skin necrosis occurs later in the course of the disease and is caused by ischemia secondary to thrombosis of the perforating blood vessels. (Skorina and Kaufman 1995). With prompt diagnosis, appropriate antibiotic therapy and sound immune system of the patient the stage of skin necrosis may be avoided.

   CT scan is the essential diagnostic tool for this condition and the CT features of NF described by Becker M et al. 1997 and Wysoki MG et al. 1997 have been used to diagnose and follow the course of disease by authors. The review papers referred to by the respected reviewer (Skorina and Kaufman 1995; Maisel et al. 1994) have not mentioned the role of CT scan in the diagnosis. The diagnosis was either made on clinical course of the disease process or detection of air on X-rays. With CT scan becoming more easily and widely available during the last decade, all recent reports consider it essential for both early diagnosis as well as following the course of this condition. We made an early diagnosis based on clinical suspicion and CT report by a consultant radiologist.

2. Our case was secondary to tonsillitis without peritonsillar abscess. Secondly, the tonsillitis was unilateral. That is why we called it rare. Moreover, we do not agree with the honourable reviewer on the statement that rare cases are not always worth reporting.

They stimulate learning and research. As a time-honoured tradition of medicine they are capable of developing new subject areas, providing educational material and are among the most read content in journals. Case reports are very sensitive for detecting novelty which is useful in recognising
new diseases and also new side effects of drugs, both adverse and beneficial.\textsuperscript{2, 3}

They complement evidence-based medicine. A recent study of drugs withdrawn from the market showed that the scientific evidence came from spontaneous case reports (or case series) in 19 of 21 drugs. Case reports were the sole evidence in 12 and a randomised controlled trial was only responsible for one.\textsuperscript{4} Meta-analysis of case reports can even be undertaken.\textsuperscript{2} Case reports and case series may be the 'lowest' or the 'weakest' level of evidence 'of a cause', but they often remain 'the first line of evidence of what happened'. This is where everything begins.\textsuperscript{5}

In addition, we believe that our case report fulfils two criteria for this journal, i.e.

1. Unexpected or unusual presentations of a disease
2. New associations or variations in disease processes

The discussion has been revised in an attempt to improve the content.

3. Many references have been changed and two review papers mentioned by respected reviewer have also been included.

4. Unfortunately we could not get any pictures of the lesion. The CT pictures provide a good review of the course of events.

5. This has already been explained in number 1. However, discussion has been revised to improve the content.

\begin{enumerate}
\item[1.] Mahajan RP, Hunter JM. Volume 100: Case reports: should they be confined to the dustbin? Br J Anaesth. 2008 Jun;100(6):744-6.
\item[3.] Russmann S. Case reports of suspected adverse drug reactions: Case reports generate signals efficiently. BMJ 2006 332:488.
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