Author's response to reviews

Title: Epidural lipomatosis and congenital small spinal canal in spinal anesthesia: a case report

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Author's response to reviews: see over
Dear Sirs,

Thank you for your comments on our case report Epidural lipomatosis and congenital small spinal canal. Ref nr 1493019331866799.

Here are our answers:

1. The range of normal epidural fat has been discussed and defined according to the Borré scale as was hinted by Prof Pinkhard, one of the last referees. We now describe this scale in more detail in the text with reference to a change in ref nr 1. The new reference Fogel GR, et al. Spinal epidural lipomatosis: case reports, literature review and meta-analysis. Spine J 2005; 5: 202-211 describes 104 cases of epidural lipomatosis (I found this on Google – but missed it on Pubmed!)

The following sentence has been added: 

Borre Grade 0 or normal was defined as epidural fat less than 40% of the canal width and dural sac 150% width of epidural fat; grade I 50%/50%, grade II 50-75%/100-150% and grade III 75%/30% correspondingly.

2. In our case, the extent of epidural fat was LEL II as described in the case presentation and then again in the discussion. The fat extent is seldom defined in mm in published case reports (however if this is what you want, no problem – but the radiologist Bo Geijer in our author list is away for two weeks).

3. The two references suggested by you, do not add anything new to the manuscript and are subordinate to the above changed reference nr 1 (Fogel GR, et al. Spinal epidural lipomatosis: case reports, literature review and meta-analysis. Spine J 2005; 5: 202-211). If allowed to increase the reference list to 17 references, I could do this otherwise I would hesitate. There is a delicate balance in between the chosen references dealing with epidural lipomatosis, congenital spinal stenosis and direct anaesthetist related interventional problems. Us, changing the references according to your suggestion will destroy the logic path (from our point of view – Sorry!) taken by us. If you still want us to involve the references recommended by you, of course we will do so – but it will necessitate a major change in the manuscript.

4. The manuscript has been rechecked and small errors in the text have been corrected, as well as the reference list (aligned to Index Medicus)

Sincerely

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