Author's response to reviews

Title: Sensorineural hearing loss in Lassa fever

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Response to the Reviewers’ comments:

1. Uniformity in the writing style has been effected. The word “Sensorineural” in between sentences have been corrected to “sensorineural” as seen under ABSTRACT: 2nd sentence and DISCUSSION 6th sentence. The capitalization was a typographical error.

2. The numbering of the references has been cross-checked and the mistake in the numbering of Cummins et al rectified from “5” to “6”.

3. Part of the discussion has been expanded for clarity as seen under DISCUSSION, paragraph 4 lines 4-6 “However, there is no clear evidence on the efficacy of this method of treatment. The effect appears to be similar to that seen in the management of idiopathic hearing loss where most improved cases are believed to be spontaneous rather than from the treatment.[5, 13]”

4. The correction as suggested by the reviewer has also been rectified accordingly: In reference 8; the third author Adour KK has been included as 3rd author.

5. As regards non-inclusion of some relevant literatures concerning virus and hearing loss, we appreciate the observation of the Reviewer; however the Journal of Case Reports’ guidelines only gives room for a maximum of 15 references. Otherwise, we would have included the suggested reference and some others.

6. More details on ENT examination and audiologic results were also included as follows: Under case 1 last paragraph “The review of the patient showed that pinnae and external auditory canal appeared normal, while the tympanic membrane were intact and shiny bilaterally. Tuning fork test gave an equivocal rinne and weber’s test”. “A diagnosis of severe sensorineural hearing loss was confirmed with pure tone audiogram (Left ear 70dB, right ear 75dB Hearing level”).

Under case 2, 2nd paragraph: “The pinnae appeared normal whereas the external auditory meatus contained scanty dry wax; which was manually evacuated. The tympanic membranes were also intact and shiny. She was audiologically confirmed to have bilateral severe sensorineural hearing loss (68 and 70dB
hearing levels for left and right ears) culminating to communications through sign language.”

7. The uniformity in the referencing in accordance to the JMCRR guide lines have been done.

8. Note: The corrections made and additional discussions included as suggested by the reviewers’ are in red.

9. Finally, we wish to thank the reviewers’ for the constructive criticisms and compliments.

Kind regards,

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