Author's response to reviews

Title: A patient presenting breast cancer with an unusual paraneoplastic syndrome: a case report

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Author's response to reviews: see over
Dear Editor

Thank you very much for your email dated April 30th.
I hereby provide the requested point-by-point answers to the reviewer’s comments, together with a revised version of the manuscript.

Best regards
Joana Silvestre
Reviewer: Eroboghene Ubogu

Dr Eroboghene Ubogu,

First of all, on behalf of the authors, I would like to express gratitude for your suggestions. The manuscript has been revised accordingly. All remarks were fully addressed “point-by-point” in full details in my accompanying reply:

First point: I agree with the reviewer about the definition of the syndrome. Changes were made accordingly.

Second point: I agree with the reviewer about including nerve conduction data in the abstract. Sensory nerve conductions were normal. The text was updated with the relevant information.

Third point: Both electromyograms showed an incomplete interference pattern with poor activation during voluntary contraction in the iliopsoas and quadriceps femoris. This has been clarified in the manuscript.

Fourth point: I agree with the comment. However, for a cancer patient presenting muscle weakness this hypothesis must be considered for the differential diagnosis. The initial hypothesis of secondary neuropathy due to toxics or drugs was also excluded since there was no history of toxic exposure and no recovery was observed when chemotherapy with docetaxel was modified. Despite these drugs usually causing sensitive neuropathy, severe sensorimotor neuropathy has been described in some patients [DeVita, 2001; Fazio, Acta Neuropathol, 1999]. For this patient, however, the clinical picture (proximal weakness without sensory symptoms) was more consistent with a diagnosis of myopathy, being this diagnosis also supported by the findings encountered in the electromyogram. This has been clarified in the manuscript.

Fifth point: I agree with the reviewer comment. In our patient, the diagnostic strength of the muscle biopsy had some limitations due to lack of immunohistochemical
stainings for inflammatory cells and complement. Nevertheless, the results observed (a massive necrosis of muscle fibers without inflammatory T-cells infiltrates) in the hematoxilin-eosin and in acid phosphatase stainings support the diagnosis of a paraneoplastic necrotizing myopathy. This has been mentioned in the text.

Best regards,

Joana Silvestre