Author's response to reviews

Title: Acquired craniomeningocele in an infant with craniosynostosis, case report.

Authors:

Mostafa El Khashab MD (mostkash@yahoo.com)
Farideh Nejat MD (Nejat@sina.tums.ac.ir)
Shahrooz Yazdani MD (Yazdani@yahoo.com)
Nima Baradaran MD (baradaran.nima@gmail.com)

Version: 3 Date: 25 January 2009

Author's response to reviews: see over
Dear Editor

In response to your letter dated January 21, 2009, I would like to submit the revised version of our manuscript: **Acquired craniomeningocele in an infant with craniosynostosis, case report.**

We have considered all comments of the respected reviewers point to point.

**Reviewer:** Yousuke Takemura

**Comment:** Author had better adding the pictures of skull shape irregularity and beaten copper pattern for easier understanding.

**Answer:** Figure 3 shows the beaten copper appearance very well.

**Reviewer:** Hiroki Hori

**Comment 1:** This report show interesting complication of craniosynostosis. CT or MRI finding should be shown to indicate craniomeningocele.

**Answer:** Unfortunately we did not perform MRI. Bone window CT scan is the only CT that the patient had which can show only the defects of bone.

**Comment 2:** Can you exclude other etiology that can cause bone effect? You should show some data and discussion on this point.

**Answer:** The patient was characteristic for multiple suture craniosynostosis according to the appearance and the skull X ray and CT. All were confirmative of suture fusion that prevented any more evaluation for diffuse bone defect. Moreover the intraoperative findings were totally suggestive of bone defect due to high intracranial pressure and the effects of brain convolutions on the skull. So we did not study the patients more for any other metabolic, infective or neoplastic lesions.
Comment 3: Is this patient screened for cytogenetical disorders? If yes, show family history, results of cytogenetic analysis, etc.

Answer: No. Cytogenetic study was not done in our patients.

Comment 4: Conclusion is the repeat of discussion. It should be revised.

Answer: The conclusion has been changed according to this comment.

Comment 5: Quality of written English: Needs some language corrections before being published

Answer: We have done our best according to the quality and it seems to us it does not have mistakes needed to be corrected. If you can do it better than it is now we appreciate you.

I appreciate your comments and favors. I am looking forward to receiving your answer.

Sincerely yours

Farideh Nejat, MD

Department of Neurosurgery, Children's Hospital Medical Center,

Tehran University of Medical Sciences, Tehran, Iran

Mailbox: Tehran, F. Nejat, 14155-7854

Cell: +98-912-1494064

Fax: +98-21-66930024