Author's response to reviews

Title: An unusual foreign body as cause of chronic sinusitis: a case report

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

Thank you very much for your email dated 12/31/09 stating that you found our data to be of interest and that our manuscript may be acceptable for publication in JMCR provided that we revise it further according to your suggestions. We submit herein the manuscript, “An unusual foreign body as cause of chronic sinusitis: a case report”, by Kelesidis et al, which has been revised according to your comments. Please note that the title of the manuscript was changed according to the suggestions of the reviewer. We would like to thank you for your comments, which prompted us to revise the manuscript extensively. Please see our specific responses to your comments in the following pages.

Please do not hesitate to email or call me if I can be of further assistance.

Sincerely,

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Reviewer 1:

1. Please elaborate on the techniques that were used by the ENT specialist in attempting to remove the foreign body.

The following sentence was added in the last paragraph of the case report section:

“However, multiple attempts to remove the foreign object with different techniques through the anterior nares such as use of cupped forceps (including Tilley nasal forceps), haemostats, curved hooks, Fogarty biliary catheter, Howarth’s periosteal elevator and suction, by ear nose and throat (ENT) specialist were unsuccessful.

2. The phrase "ticking time-bomb" in the title may not be very appropriate. Is it possible to change to something with less 'pomp'? 

The title of the revised manuscript was changed according to the suggestions of the reviewer and now reads as follows: “An unusual foreign body as cause of chronic sinusitis: a case report”

Reviewer 2:

- General comments:
  “It is an interesting article highlighting the intention that should be given to any patient with unilateral nasal discharge. The thorough history of previous nasal packing, meticulous ENT examination and appropriate imaging of each patient, is essential to reach to a right diagnosis. The article echoes that each case with unilateral nasal discharge is due to nasal foreign body, until proven otherwise. Inspite of the patient being diabetic and having congestive heart failure, he tolerated a nasal foreign body which is the anterior nasal pack for many years”

The authors would like to thank the reviewer for his/her comments. We believe that this case report adds to the literature and highlights the fact that clinicians should rule out the presence of a nasal foreign body in any case of unilateral nasal discharge.

“However the explanation for this condition was not mentioned in the report.”

The following sentences were added to the revised manuscript to further discuss why the patient did not become symptomatic all these years despite being diabetic and having a foreign body.

(Page 6, lines 17-20) “Although we could not determine the nature of the material of the nasal packing since it was not removed, it is possible that the nasal packing consisted of a relatively inert material that did not precipitate significant mucosal damage or inflammatory reaction.”

(Page 6, lines 20-22) “Although specific defects in innate and adaptive immune function have been identified in diabetic patients, defects in adaptive immunity, which is important against foreign bodies, are less well characterized.”
Moreover, the link between glycaemic control and the risk of common community-acquired infections including sinusitis is less well established.

Extensive calcification of the foreign body in the setting of microangiopathy in this diabetic patient could also be a barrier for inflammatory response.

Thus, the presence of an inert, heavily calcified material in an area with possible microangiopathy could potentially explain the absence of significant inflammatory response to this foreign object and its presence in the nasal cavity for so many years without any complications.

The revised manuscript now reads as follows:

Impressively, although the patient was diabetic and at an increased risk for development of complications …. Thus, the presence of an inert, heavily calcified material in an area with possible microangiopathy could potentially explain the absence of significant inflammatory response to this foreign object and its presence in the nasal cavity for so many years without any complications.”

“The references of the review report are listed downhere.”

The reviewer cites a few references (1-6) however we were unable to find these references in the attached letter. We would appreciate if the reviewer could clarify which are these references and whether he/she would like some of these to be added in our manuscript.

- Revisions necessary for publication:

1- The reason of nose bleed over 12 years ago which led to nasal packing as mentioned in the report.

The patient did not remember the reason of nose bleed which led to nasal packing over 12 years ago. The following sentence was edited (page 4 lines 7-10): “On further questioning, the patient reported having had packing of the right nostril 12 years ago for a nosebleed but he was not sure if the packing had ever been removed and he did not remember if the cause of his nosebleed was identified.”

2- The report did not mention the material of the extracted calcified nasal pack. The extension of the infection from the nasal passages to the paranasal sinuses depends on the type, duration and site of the nasal pack 1,2,3,4

As we mention in our case report section (last paragraph) “.Multiple attempts to remove the foreign object with different techniques by ear nose and throat (ENT) specialist were unsuccessful. The patient refused surgical removal of the foreign body.” Thus, the calcified nasal pack was never extracted and we cannot determine the nature of the material of the calcified nasal pack. We provide details regarding the duration (over 12 years) and site (right
nostril extending to the posterior nasopharynx and obliterating the drainage of the right maxillary sinus) of the nasal pack

REPORT TEMPLATE

Has the case been reported coherently?
- No
The report did not determine the exact years of the presenting symptoms.

Our patient had a foul smelling discharge from the right nostril for years however he could not remember exactly for how long he had these symptoms. Thus, we could not determine the exact years of the presenting symptoms. We would welcome any suggestions from the reviewer on this issue.

Also did not explain the reason of being “a ticking time-bomb “for 12 years.

As we mention in (Page 6, lines 10-14): “Impressively, although the patient was diabetic and at an increased risk for development of complications from the foreign body and the chronic sinusitis including brain abscess, meningitis and toxic shock syndrome, the foreign body had not caused any symptoms for many years with the exception of nasal discharge the last few years.”

Is the case report authentic?

We would like to ask the reviewer to clarify this question.

The CT scan is attached; meanwhile other investigations are not attached.

We would like to ask the reviewer to clarify this question. The patient refused other investigations including surgery.

Also the main cause of nose bleeds is not documented.

See above. The patient did not remember the reason of nose bleed which led to nasal packing over 12 years ago. The following sentence was edited (page 4 lines 7-10): “On further questioning, the patient reported having had packing of the right nostril 12 years ago for a nosebleed but he was not sure if the packing had ever been removed and he did not remember if the cause of his nosebleed was identified.”

Is there any missing information that you think must be added before publication?
- Yes
Information about the main cause of nose bleed, the exact duration of present symptoms, the type of the removed nasal pack.

We refer the reviewer to the responses above. We would welcome any further comments or concerns.
Is this case worth reporting?
- Yes, provided the authors incorporate the revisions made in this report.

Is the case report persuasive?
No, because it lacks the explanatory value.

Does the case report have explanatory value?
- No, The report did not explain why this longstanding nasal pack in a diabetic patient did not lead to complications.

It is documented in literature that the different types of nasal pack, site, duration and the patient’s general condition lead to consequence complications.1, 2 Long standing nasal pack lead to either local allergic fungal sinusitis or systematic complications like sepsis.5

We refer the reviewer to the responses above. We would welcome any further comments or concerns.