Title: Efficacy of postural techniques assessed by videofluoroscopy for myasthenia gravis with dysphagia as the presenting symptom: a case report

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Reviewer: Rosa Terré

Which of the following best describes what type of case report this is?: Unexpected or unusual presentations of a disease

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: Yes

Will the case report make a difference to clinical practice?: Yes

Is the anonymity of the patient protected?: Yes

Comments to authors:

The topic of this case report: “Efficacy of postural techniques assessed by videofluoroscopy for myasthenia gravis with dysphagia as the presenting symptom: a case report”, is an interesting issue and it is important to know the dysphagia as initial symptom of myasthenia gravis, and also the relevance of an accurate diagnosis in order to plan a specific treatment and to avoid secondary complications.

Nevertheless there are some points that need your consideration:

Abstract: no comments
Introduction: no comments
Case presentation

In the second paragraph. “Clinical swallowing evaluation by a speech-language pathologist showed difficulty and incoordination in swallow reflex trigger without fatigability”. With clinical evaluation we can’t say that, clinically we can see delay in swallow reflex trigger, alteration in laryngeal elevation, but incoordination?. You need to clarify this point.

In the second paragraph in the videofluoroscopic study as well as indincating the viscosities of the exploration, it is important to know the volumes. Also it is important to detail in what viscosity and volume patient has aspiration.

“During the pharyngeal phase, we observed a delayed swallowing reflex with incomplete epiglottic closure, poor pharyngeal wall motility, and silent aspiration. “ It would be interesting to quantify swallow reflex trigger, or to explain what is “delayed swallowing reflex”. When you say: “incomplete epiglottic closure” perhaps you could say: incomplete laryngeal closure.

At the end of second paragraph: “Mildly delayed swallow reflex and occasional choking were noted only when he consumed large volumes of thin liquids”. You should quantify exactly the swallow reflex trigger or if not to define what is mildly delayed, and also explain the exact volume of large volumes.

Discussion

It is well done, but I consider necessary to notice the improvement secondary to medical and surgical treatment of MG, that this patient presented specifically. In the case presentation I understand that patient improves after thymectomy, plasma exchanges…..

At the end of second paragraph, in relation to FEES besides the given information, this exploration provides anatomical complementary information to VFS.

Figures

You need to improve the quality of the first image.

Quality of written English: Acceptable

Declaration of competing interests:

I declare that I have no competing interests