Author's response to reviews

Title: Pediatric Ramsay Hunt syndrome - full recovery with inadvertent use of a lower dose of acyclovir for shorter than usual: a case report

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Author's response to reviews: see over
We are very grateful and thankful for the helpful comments and suggestions regarding our manuscript made by the reviewers.

David Ko

“The paper has merit because it documents a pediatric case of RHS.”

We agree.

“The paper needs to give a reference for the "adult dose" of acyclovir and the "standard" length of treatment to compare to the lower dose and shorter course that this patient received.”

We agree.

Manuscript amended.

“Also it should be stated this patient is a teengager - is between a child and adult and his weight (is 36 kg the dose of acyclovir of 200 mg TID) for although lower than adults - is partially true compared to an adult.”

We mentioned that the patient is 13-years-old. Adults with Ramsay Hunt syndrome generally receive 800 mg of acyclovir orally five times per day for 7 –10 days (see reference 9). 200 mg three times per day for five days thus seems a lower dose for shorter than usual in this patient.

“In the conclusion the last statement is “this raises a question on the treatment of pediatric RHS” is a little vague on what question it raises e.g. maybe more specific issues should be mentioned”

We have been misquoted; our last statement was “This may raise questions regarding the treatment for pediatric Ramsay Hunt syndrome.” Nevertheless, we agree that this is a little vague. We have consequently removed this aspect of the conclusion.
Richard Rison

“I don’t see the need for the table as the text gives a satisfactory time flow of the events.”

We included the table as a device to give the reader a quick overview of the relatively lengthy chronology of events. We are of the opinion that the table is simpler and consequently a memorable adjunct to reading paragraphs of text.

“In Figures 2 and 3 the images are of poor quality and the reader has difficulty seeing the ear lesions and rash in detail.”

Skin rashes are difficult to visualize in patients with pigmented skin. We noted this fact in the manuscript (see reference 6). With this in mind, we took a photo of the unaffected left ear in an attempt to highlight the abnormality of the affected right ear.

“My main concern with the manuscript is that the patient may simply have had a spontaneous recovery (independent of acyclovir) or recovered from the steroids alone. Indeed, the very Cochrane data base review that the authors cite concludes (see Evid-based Dent 9:116, 2008) (at least in adults) that intravenous acyclovir plus corticosteroids is no more effective than corticosteroids alone in promoting facial nerve recovery at six months after onset of disease”.

It is true that the patient may simply have had spontaneous recovery (independent of acyclovir) or recovered from steroids alone.

The findings in adults from the Cochrane data base review that we cite may not necessarily apply in the pediatric population. We cited the review in part to highlight that there is insufficient data on the pediatric population.

“While it is true that studies in children are limited and that many if not most clinicians would have given acyclovir in this case, at this point one cannot definitively conclude from
the available published literature that acyclovir is of any benefit at all in pediatric Ramsay-Hunt syndrome. Therefore the entire premise of the paper is questionable in my opinion. For the authors to argue otherwise, the discussion section should be much more convincing.”

We agree that many if not most clinicians would have given acyclovir in this case.
We did not make any conclusion that acyclovir is of any benefit at all in pediatric Ramsay Hunt syndrome (RHS).
In fact, we document a case where a lower dose of acyclovir for shorter than usual was inadvertently used and the patient made a full recovery. This may suggest that acyclovir is not particularly useful in pediatric RHS. Having said this, we cannot reach such a conclusion (that acyclovir is not particularly useful in pediatric RHS) because n = 1; this is mere speculation. We therefore did not make such a claim.
The primary purpose of our manuscript is to report a case of pediatric RHS, where the clinical manifestations and outcome are unclear because of limited case reports in the available published literature. An additional interesting point is that the patient made a full recovery despite mistakenly receiving a lower dose of acyclovir administered for a shorter duration than is usual.

“The authors should site what they think is the correct dose, form (IV or PO), and duration of acyclovir treatment in pediatric Ramsay Hunt syndrome. Also, although it’s implied in the manuscript, it should be stated that the patient had no prior varicella vaccination.”

We agree.

Manuscript amended with respect to vaccination against varicella-zoster virus; see above concerning acyclovir.

Sincerely yours,
GM, SC & MN