Author's response to reviews

Title: Nasopharyngeal cancer mimicking Otitic Barotrauma in a resource challenged centre: a case report.

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Author's response to reviews:

Dear Editor In-Chief,
JMCR
Dear Sir/Ma,
Thank you for your observations and comments. The alterations made in the manuscript have been indicated in red.

1. With regards to the questions/comments of the first reviewer (Jagdeep Thakur), the patient actually had only the otological complaints. She had no nasal symptoms, no cervical mass and no neuro-ophthalmic symptoms. We did not suspect she had a tumour in the nasopharynx until she had the Computed Tomography. However, right cervical lymph node enlargement was seen on the CT scan which was not palpably enlarged during her clinical evaluation.

2. Indeed otitis media with effusion results in mild conducting hearing loss. It is possible that the severe hearing loss seen in the PTA may have been the combined effects of both the sheer bulk of the nasopharyngeal tumour and otitic barotrauma on the eustachian tube. This has been explained in line 22 in the discussion in the statement: “Usually, mild conductive hearing loss accompanies otitis media with effusion. However in this index patient, the severe bilateral conductive hearing loss may be due to the summative effects of both the sheer bulk of the tumour in the nasopharynx and the otitic barotrauma on the eustachian tube.”

3. The tinnitus improved soon after surgery however significant hearing improvement began after she had commenced chemoradiation therapy. At surgery, complete excision of the tumour was done. It is possible that the combined effects of this complete excision with chemoradiation may have been responsible for the improvement in hearing threshold. This has been altered in the manuscript by removing the statement: “In the immediate post operative period, there was symptomatic improvement with resolution of the tinnitus.” from line 26 in the case presentation and adding: “The hearing loss improved after
commencement of chemoradiation and a Pure Tone Audiogram thereafter showed socially adequate hearing thresholds in most frequencies” in line 30.

The reason for the improvement has also been discussed in line 56 of the discussion in the statement: “The observed significant improvement in hearing thresholds in the repeat Pure Tone Audiogram may be as a result of the combined effect of both the gross tumour excision during the biopsy and chemoradiation therapy which might have relieved the eustachian tube obstruction.”

Once again our gratitude is boundless for your comments and observations. We await your response/decision with much eagerness.

Yours faithfully,

Dr A. Daniel.