Author's response to reviews

Title: Guillain Barre Syndrome presenting with sensory disturbance following a herpes virus infection: a case report

Authors:

Fotinie Ntziora (ftntziora@hotmail.com)
Athina Eythimiou (fntziora@med.uoa.gr)
Maria Tektonidou (mtektonidou@gmail.com)
Anastasios Andreopoulos (tandreo@med.uoa.gr)
Kostas Konstantopoulos (kkonstan@med.uoa.gr)

Version: 3 Date: 12 July 2011

Author's response to reviews: see over
To: Editor, *Journal of Medical Case Reports*

Re: Submission of a revised manuscript

Dear Editor,

We are pleased to submit a revised manuscript entitled “Guillain Barre syndrome presenting with sensory disturbance following a herpes virus infection: a case report” for your consideration for publication as a case report in the *Journal of Medical Case Reports*.

We proceeded with modifications and additions, as suggested by the reviewer. Please find a point-by-point response to the concerns of the reviewer as well as a revised manuscript with the appropriate highlights where changes have been performed.

Referee 2:
http://www.jmedicalcasereports.com/imedia/6580736935652128_comment.pdf

**Reviewer's report**

**Title:** Guillain Barre syndrome presented as sensory disturbance following a herpes virus infection  
**Version:** 2  
**Date:** 21 June 2011  
**Reviewer:** Eli Shahar

**Comments to authors:**

The manuscript at its present phrasing and wording should be extensively reedited by an English speaking author or editor in order to clarify the ideas and facts expressed by the authors. Otherwise, the paper should be rejected.

The Manuscript has been copyedited by a professional copyediting service. We hope that it now meets the criteria for publication.

Referee 1:

**Reviewer's report**

**Title:** Guillain Barre syndrome presented as sensory disturbance following a herpes virus infection  
**Version:** 2  
**Date:** 18 June 2011  
**Reviewer:** Ken-ichi Kaida

**Which of the following following best describes what type of case report this is?:**  
None

**Has the case been reported coherently?:** No

**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?: No
Is the case report persuasive?: No
Does the case report have explanatory value?: No
Does the case report have diagnostic value?: No
Will the case report make a difference to clinical practice?: No
Is the anonymity of the patient protected?: Yes

Comments to authors:

General comments:
This case report states that cross-reactivity between human herpes viruses may play a pathogenic role in the development of postinfectious neuropathy such as Guillain-Barré syndrome (GBS). Authors’ point of view is interesting, but quite speculative. There is no evidence supporting the cross-reactivity between human herpes viruses in the present case. The authors should confirm the cross-reactivity in patient’s serum by experiments such as an immunoprecipitation technique or immunoadsorption study using glycolipids or glycoproteins purified from EBV or CMV. Furthermore, the authors must examine antiganglioside antibodies, which is helpful for diagnosis of GBS and presumption of pathogens of preceding infection.

We would like to thank you for this comment. We believe that performing an immunoprecipitation technique or immunoabsorption study using glycolipids or glycoproteins purified from EBV or CMV in patient’s serum would add evidence in supporting the cross-reactivity between human herpes viruses in the present case. Unfortunately, these methods are not available in our hospital. Moreover, the examination for antiganglioside antibodies was suggested to the patient but he denied, because the test could not be performed in our hospital and consequently the patient had to pay for it on a private basis. This comment has been added to the Manuscript.

Revisions necessary for publication:
1. The authors should describe neurological findings and clinical course of the patient in detail; cranial nerves, pyramidal signs, muscle power assessed by manual muscle testing, vibratory sensation, cerebellar or sensory ataxia, response to immunotherapy, and so on. It should be clearly described why the presented case was diagnosed as GBS.

The following comment has been added in the revised Manuscript: “In summary, the patient showed progressive weakness of the lower limbs due to neuropathy, areflexia, sensory involvement, cerebellar ataxia and the duration of the disease of <4 weeks, meeting the required and some of the supportive diagnostic criteria for GBS”.

2. It is unclear why additional IVIG (40g x 3 days) was administered. The elevation of CSF albumin does not indicate exacerbation of the disease.

The following comment has been added in the revised Manuscript: “The patient received a few days later an additional 40g of IVIG for 3 days in an attempt to ameliorate the final clinical outcome. Relapse can occur in patients who are treated early in the course of GBS and improve, and brief retreatment with the original therapy is usually effective in these cases”.

Quality of written English: Acceptable
Declaration of competing interests:
I declare that I have no competing interests.

The Associate Editor also wishes you to have your manuscript copyedited for the English language.

*The Manuscript has been copyedited by a professional copyediting service. We hope that it now meets the criteria for publication.*

In addition to the reviewers' comments, please also address the following formatting requests as your manuscript does not fully conform to the journal style:

- Please remove the following sections in the title page as these are not needed for publication (funding, all authors..., word count, number of tables, number of figs, number of references)

*The following sections in the title page (funding, all authors..., word count, number of tables, number of figs, number of references) have been removed in the revised Manuscript.*

- Please make sure that the Abstract has section headings. The abstract should start on page 2 of the manuscript. The abstract must not exceed 350 words. Please do not use abbreviations or references in the abstract. The abstract should be structured into the following three sections:

  ? Introduction An introduction about why this case is important and needs to be reported. Please include information on whether this is the first report of this kind in the literature.

  ? Case presentation Brief details of what the patient presented with, including the patient’s age, sex and ethnic background.

  ? Conclusion A brief conclusion of what the reader should learn from the case report and what the clinical impact will be. Is it an original case report of interest to a particular clinical speciality of medicine or will it have a broader clinical impact across medicine? Please include information on how it will significantly advance our knowledge of a particular disease etiology or drug mechanism.

*Abstract format has been modified in the revised Manuscript as suggested and is now structured into the following three sections: introduction, case presentation and conclusion. The content of the sections has been modified accordingly. Abstract’s word count is 347.*

- In keeping with journal style, please remove the results/ methods section from the manuscript and include a Case Presentation section.
In the revised Manuscript the results/methods section has been removed and replaced by a Case Presentation section.

- Please include the study design in your title, i.e. Case report. For example: A presenting with B in C: a case report

In the revised Manuscript the title has been modified as requested to “Guillain Barre syndrome presenting with sensory disturbance following a herpes virus infection: a case report”

- Please also replace the nationality (Greek) in the Case Presentation with the patient's ethnicity and also include this detail in the abstract. Examples of ethnicities are Black, Asian, Caucasian, etc..

The nationality of the patient (Greek) has been replaced by ethnicity (Caucasian) both in the Case presentation and the abstract.

Please also ensure that your revised manuscript conforms to the journal style (http://www.jmedicalcasereports.com/info/instructions/). It is important that your files are correctly formatted.

The revised Manuscript has been formatted according to the Journal of Medical Case Reports’ style.

We hope that the revised manuscript will now be acceptable for publication in JMCR. Please do not hesitate to contact me if you have any additional question(s).

Yours sincerely

Fotinie Ntziora

1st Academic Department of Medicine

Laiko General Hospital, Athens 11527, Greece