Author's response to reviews

Title: Chronic Relapsing Inflammatory Optic Neuropathy : a case report

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Author's response to reviews:

Dear Journal Of Medical Case Reports Editorial Team

Many thanks for your previous correspondence. Please find below a response to the concerns raised in the peer reviewers reports –

Reviewer 1 report

1. The patient’s CRP was <1 mg/L and she is less than 55 years old. Therefore a temporal biopsy was not indicated.

2. With regards to Sarcoidosis a subsequent Chest CT performed did not show any features of hilar lymphadenopathy and the lungs were clear (This information has been included in the revised manuscript). Serum Lysozyme levels are best suited for disease monitoring in proven cases of sarcoidosis. It is a non specific test for sarcoidosis and in the absence of any systemic features of Sarcoidosis and the presence of a normal CT Chest its diagnostic value is limited.

3. Autoimmune Optic Neuropathy is a generic umbrella term, CRION is a distinct entity – an autoimmune screen was negative in our patient.

4. Diabetic papillopathy and Hypertensive Optic Neuropathy were excluded by Ophthalmology. The patient’s Blood Pressure was 152/80 on admission and similar readings were consistently obtained when measured during her Hospital stay.

Reviewer 2 report

1. The m.11778G>A, m.3460G>A, m.14484T>C mitochondrial mutations were tested for and not detected in our individual.

2. There was no evidence of venous engorgement on fundoscopy.

3. VEP was not repeated following steroid administration and on withdrawal.

4. The VEP stimulus conditions were as follows-
Check size : 60' Montage : Halliday Visual Acuity : 6/6

RIGHT EYE LEFT EYE
Latency to P100 120 ms 144.5ms
Amplitude 11µV 13µV

The pattern VEPs were delayed bilaterally, more so on the left than the right.

5. The ERG stimulus conditions were as follows-
Check size : 60' Electrode type : DTL fibre

RIGHT EYE LEFT EYE
Latency to p50 49 ms 49 ms
Amplitude 1.6µV 2.7µV
Latency to N95 89.3 ms 95.8 ms
Amplitude 3.6 µV 4.4µV

Pattern reversal ERGs were within normal limits bilaterally.

The pattern VEPs were delayed bilaterally, more so on the left than the right. In the presence of normal pattern ERGs this suggests bilateral optic nerve dysfunction.

I hope you find our response suitable and satisfactory. A revised manuscript has been uploaded. Please donot hesitate to contact us if further information/explanation is required.

We look forward to hearing back from you soon.

Regards

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