Author's response to reviews

Title: Multiple neck operations in a patient with severe motor tics because of Tourette's syndrome: a case report

Authors:

Tomohiro Miyashita (tommiya3@yahoo.co.jp)
Masashi Yamazaki (masashiy@faculty.chiba-u.jp)
Akihiko Okawa (okawa-ak@faculty.chiba-u.jp)
Minori Yoneda (lalalamino@yahoo.co.jp)
Atsuomi Aiba (atsuomi.aiba@nifty.com)
Masao Koda (masaomst@yahoo.co.jp)
Kazuhisa Takahashi (19501114@faculty.chiba-u.jp)

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Re.: MS: 1007509561659852

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Dr. Michael Kidd
Editor-in-Chief
Journal of Medical Case Reports

Dear Dr. Kidd,

Thank you for your review of our manuscript entitled *Multiple neck operations in a patient with severe motor tics because of Tourette’s syndrome: a case report*, MS: 1007509561659852. The comments of the reviewers provided us with useful guidance for revising our manuscript. Our replies to the comments raised by the reviewers are as follows:

**Reviewer #1:**
Comment: The Reviewer indicated that there is still a need for a continuous follow-up.

We believe it is meaningful that this patient's spinal fusion was successful despite repeated failures and his neurological improvements were maintained for more than 10 years. As the reviewer indicated, we should watch the segments adjacent to the fusion levels and we will continue a follow-up. We have revised the Discussion accordingly, page 10, lines 5-8.

**Reviewer #2:**
Comment 1: This Reviewer asked whether we perform similar operations now if we come across a similar case.

The surgical procedure that we performed for this patient more than 10 years ago is certainly out of date and we now perform operations using current techniques including the use of pedicle screws or lateral mass screws, which can obtain more rigid fixation. However, we believe that our manuscript contains valuable information for understanding and successfully treating the cervical myelopathy of Tourette’s syndrome patients, even using the current techniques. We have revised the Discussion accordingly, page 11, lines 5-11.

Comment 2: The Reviewer asked why we did not use a rigid internal fixation together in the first time.

The first operation was performed in another hospital 16 years ago. It was inevitable that
rigid internal fixation was not used for this patient at that time, because most spinal surgeons had little information about the cervical myelopathy of Tourette’s syndrome and the current cervical spinal surgical techniques did not exist. We have revised the Discussion accordingly, page 9, lines 7-10.

Comment 3: The Reviewer asked why we did not consider a rigid internal fixation to the second or the third operation.

The second operation was performed 16 years ago, and the third operation 11 years ago in another hospital. It was inevitable that rigid internal fixation was not considered for this patient at that time, because most spinal surgeons had little information about the cervical myelopathy of Tourette’s syndrome and the current cervical spinal surgical techniques did not exist. We have revised the Discussion accordingly, page 9, lines 7-10.

Comment 4: The Reviewer asked why we did not use botulinum toxin in combination.

It is now certainly common to use Botulinum toxin in combination with surgery to control involuntary neck movements. However, it was not used for treating such patients in our hospital 10 years ago. We have revised the Case Presentation accordingly, page 6, lines 19-20.

Comment 5: The Reviewer suggested that we voice our opinion about having repeated necessary failures.

Such a patient with involuntary neck motion is at a high risk of repeated inevitable failures, perhaps ‘necessary’ was an inappropriate word choice. However, it is also possible to reduce the risk by correct selection of surgical procedure and postoperative immobilization as our case indicates. We have revised the Discussion, page 11, line 1, and the Conclusions accordingly, page 12, lines 4-5.

Comment 6: The Reviewer suggested that we describe needs of Halo vest.

We believe there is no need of a halo vest now as current rigid fixation with pedicle screws can obtain a successful spinal fusion. We also think a halo vest is better avoided because involuntary neck motion in such a Tourette’s syndrome patient may worsen because of the discomfort of the halo vest. We have revised the Discussion accordingly, page 11, lines 7-9.

Reviewer #3
Comment 1: The Reviewer indicated that no information about postoperative treatment following first and third surgeries is included in this case report.

The first and the third operations were performed in another hospital and we do not have more detailed information about the postoperative treatment.
Comment 2: The Reviewer suggested that more detailed information about the previously published reports, if available, should be added in Table 1 (or in the introduction section). For example, use of external fixation, type of fixation, how long the fixation was used.

Following the Reviewer’s comment, we have added more detailed information in Table 1.

Comment 3: The Reviewer suggested that we describe how motor tics had been controlled. For example, use of Haloperidol.

We treated motor tics with haloperidol and involuntary neck movements were slightly reduced. However, we could not increase the dose because of drowsiness. We have revised the Case Presentation accordingly, page 6, lines 18-19.

We have removed the sub-sections/sub-headings from the case presentation section to conform to the journal’s style. We also have changed the title slightly and have omitted Figure 1.

We trust that the manuscript will now be acceptable for publication in the Journal of Medical Case Reports.
Thank you for your kind reconsideration of our manuscript.

Respectfully yours,

Tomohiro Miyashita, M.D., Ph.D.