Author's response to reviews

Title: Carnitine deficiency presenting with encephalopathy and hyperammonemia in patients with chronic enteral tube feeding: a case report

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Author's response to reviews: see over
Cover Letter

Carnitine deficiency presenting with encephalopathy and hyperammonemia in patients with chronic enteral tube feeding: a case report

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\textsuperscript{*}All changes requested are highlighted in \textcolor{red}{RED} in the manuscript.”

Editorial team’s request:
1. Study Design in Title: Now modified as - Carnitine deficiency presenting with encephalopathy and hyperammonemia in patients with chronic enteral tube feeding: a case report
2. Ethnicity and Sex of patient: already described in Case Presentation
3. Authors contribution section: edited as requested

Requests from Referee 2 (Dr. Ullah):
1. Title: modified to “hyperammonemia”
2. Names of medications: patient is actually not any psychiatry medication after reviewing the chart.
3. The original sentence, at the end of 1\textsuperscript{st} paragraph under the heading of Case Presentation, “in fact, he became more belligerent, and had day-night cycle reversal which he became more drowsy during daytime with nighttime agitation” has been rephrased to “He continued to be delirious with reversed sleep cycle.”
4. The original sentence, at the 2\textsuperscript{nd} paragraph under Case Presentation, “The serum albumin was nonspecifically low at 29g/L but there was no clinical stigmata of chronic liver disease” has been modified to “The serum albumin level was low (29 g/L) without any manifestation of hypoalbuminemia.”
5. Discussion paragraph: has been modified to concise
6. The following references were included as requested:
7. Quality of English: corrections were made

Requests from Referee 1 (Dr. Lheureux):
1. Title: modified to “hyperammonemia”
2. Referee asked whether there was any sign suggestive of carnitine deficiency in the history before the accident (cardiac or liver dysfunction, etc…)? These were negative and is now addressed in Case Presentation as requested.
3. Names of medications: patient is actually not any psychiatry medication after reviewing the chart.
4. The composition of Isosource HN? These are now being listed in Table 1 at the end of the manuscript. Referee suggests that “proteins may influence ammonia production”. This issue is now covered at the end of 1st paragraph under discussion, with the sentences “The patient had been clinically stable without hyperammonemia on the same feeding regimen for years. Therefore, the improvement in his encephalopathy was a consequence of carnitine supplementation, instead of secondary to changes in protein content in his diet.”

5. Any signs of cardiac dysfunction, renal dysfunction? Again, the answer is negative and was mentioned in first paragraph of case presentation.

6. Is creatine kinase and myoglobinuria being done? No, this is mentioned in case presentation.

7. Was acyl carnitine measurement in urine being done? Yes, this is now mentioned in case presentation, and they did not show findings suggestive of an underlying genetic defect of fatty acid oxidation.

8. Reference 8 is lacking the year: now it has been added.