Author's response to reviews

Title: Acute onset of intracranial subdural hemorrhage five days after spinal anesthesia for knee arthroscopic surgery: a case report

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Author's response to reviews:

Author’s response to reviews: Journal of Medical Case Report,

Dear Editor:

We thank the editorial team and reviewers for the careful review of our manuscript and for the valuable comments that have helped us improve our manuscript. Below please find our point-to-point responses to the comments of the reviewers and editorial team. In the revised manuscript, all changes are highlighted in red to facilitate review of our manuscript.

We would appreciate your reconsideration of our revised manuscript.

Sincerely

Tetsuo Hagino
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Response to Comments of Reviewers

Referee 2:

Comment 1. The case is not well documented since the authors did not perform a spinal lumbar-sacral MRI and an electromyography. These instrumental examination are necessary in order to evaluate and quantify the possible evidence of subdural hematoma in the dorso-lumbar spine and the radicular damage [Raffaele Rocchi et al, Neurol. Sci 2009].

Response: We agree with the reviewer that spinal lumbar-sacral MRI and electromyography are necessary to confirm subdural hematoma in the dorso-lumbar spine and radicular damage. Unfortunately we did not perform lumbar-sacral MRI and electromyography in our patient because there was no
suggestion of any problem during and immediately after spinal anesthesia. Spinal anesthesia was successful on the first attempt, the course was anesthesia was uneventful without pain or other problems, and there were no neurological symptoms of the lower limbs after anesthesia.

However, since the article of Dr. Rocchi serves as a useful reference, we have cited the article and added the following in Discussion: “Furthermore, Rocchi et al.[6] reported a case of intracranial and intraspinal hemorrhage after spinal anesthesia, and discussed that multiple attempts for spinal anesthesia most likely caused spinal vessels rupture, either directly or indirectly by inducing differential pressure changes between cerebrospinal fluid and intravascular spaces, however, definite mechanisms are not completely understood.” (page 5 lines 9-14)

Comment 2. Even though this acute-late onset complication following spinal puncture is quite rare, similar cases have been already.

Response: In the present case, the patient showed no symptoms whatsoever during and during the first four days after spinal anesthesia (spinal anesthesia was successful on the first attempt, the course was anesthesia was uneventful without pain or other problems, and there were no neurological symptoms of the lower limbs after anesthesia), and then showed acute onset of headache on the fifth day. As far as we are aware, similar case has not been reported in the literature. That is why we would like to report this case to bring to the attention that this kind of late onset may occur.

Referee 1:

Comment 1: The exact date of the treatment should not be stated.

Response: We have deleted all the dates and referred to the period before her referral to our center.

Editorial team:

In addition, the editorial team would like to request for formatting changes required for your manuscript, as it does not conform to the journal’s style.

Response: We have confirmed that the format of our manuscript conforms to the journal’s style.

Kindly address the following:

Please include patient’s ethnicity (not nationality) in the abstract and case presentation sections.

Response: The patient is a Japanese national and she is also ethnic Japanese. We have therefore did not change “Japanese” in Abstract and Case presentation. However, if the editorial team regards the term “Asian” as a better description of ethnicity, we have no objection to change “Japanese” to “Asian”.

Please replace all the dates (eg: year 1999 and February 2010) found in the case presentation section to the amount of time this occurred before the presentation
of the case report.
Response: We have deleted all the dates and replaced them with the period before the patient's presentation to our center.