Author's response to reviews

Title: Cerebral aneurysm presenting with inflammation or aseptic meningitis?
Case report

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Re: CEREBRAL ANEURYSM PRESENTING WITH INFLAMMATION OR ASEPTIC MENINGITIS? CASE REPORT

Muhammad Azfar Saleem, R. Loch Macdonald, M.D., Ph.D.

Dear Editors:

Here is our revision. Thanks for considering it, I have addressed the suggestions for revision as described below.

Reviewer: J. Edlow
Thank you for the comments. I agree we missed some of these things.
   1. First comment: In the case presentation, I assume you meant to say 0.6 cm, not 0.6 mm. I changed to indicate yes it is 0.6 cm.
   2. In the discussion, you incorrectly say that neuroradiologists interpreted the scans for both the Perry and the Backes articles (it's true of the Dutch study but not the Canadian one). Thank you for pointing that out, we changed the wording to indicate this.
   3. Although it may not be parsimonious, it's quite possible that the patient did have viral meningitis followed by SAH. It's also possible that the subarachnoid inflammation led to the aneurysmal rapid growth. Were any viral studies done on the blood or CSF at the time of the meningitis? As this is a case report, I don't think that you can so summarily eliminate this possibility. Good point. I added the viral studies that were done on the CSF on admission, and temper the discussion as suggested.

Reviewer: C. O'Kelly
   1. I think the content of this report is of interest, however it is poorly written. The references are sparse. The ideas are not adequately developed. This paper has merit potential, but only if extensively rewritten. Thank you for your comments. I made some revisions. Not sure how to revise it too much, it is probably my style of writing. I am trying to keep in the word limits of the journal. The references are sparse because we are only allowed 15 so I cut it down as much as possible.
   2. Introduction: Limit the discussion of the reference describing a series of unruptured

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aneurysms. One should avoid listing the findings of the paper, rather offer summary comments. I limited the discussion of the paper on unruptured aneurysms and provide just a summary statement.

3. **Introduction:** The last sentence should include a statement regarding the subsequent rupture and its temporal proximity to the initial presentation. I added this sentence at the end of the introduction.

4. **Introduction:** There should also be a comment regarding why this is interesting/important. I personally would leave that up to the reader to decide, but I added what the interest and importance might be at the end of the introduction.

5. **Case:** Measurement numbers indicate the aneurysm doubled in size (0.8 to 1.6 mm in maximal diameter) please confirm. The text describes a ‘slight’ increase in size which would be contradictory to the measurements. I corrected the numbers. The aneurysm was initially 0.6 x 0.6 x 0.8 cm and changed to 0.6 x 0.6 x 1.0 cm.

6. **Discussion:** The ideas are strong, but the writing does not reach a minimum quality standard. There are numerous grammatical errors. The descriptions of references – similar to the introduction – are overly detailed and tend to reiterate the findings of the referenced paper without any interpretation or discussion relating to the current case. Although the reader can infer the points being made in each paragraph, they are not well described or developed. I revised the discussion with these points in mind, removing some presentation of the results of papers and interpreting them instead.

7. **Quality of written English:** Not suitable for publication unless extensively edited. I checked the grammar and made changes.

Sincerely,

[Signature]

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