Reviewer's report

Title: A postoperative neurological aggravation with sevoflurane in patient with Xeroderma Pigmentosum: a case report.

Version: 6 Date: 15 November 2012

Reviewer: Peter Merjavy

Which of the following best describes what type of case report this is?: Unreported or unusual side effects or adverse interactions involving medications

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: No

Will the case report make a difference to clinical practice?: Yes

Is the anonymity of the patient protected?: Yes

Comments to authors:

There is some uncertainty whether MRI was performed before and after the surgery or only after the operation.

What needle have you used for spinal? I haven't seen the 25G Tuohy needle for spinal anaesthetic so far.

Have you considered other regional anaesthesia techniques for fractured neck of femur (lumbar plexus block or 3in1 block in combination with parasacral block)? If not, why?

Several authors recommended use of TIVA for XP patients. Was TIVA unavailable at that time in your hospital or is there any other reason why you
haven't considered total i.v. anaesthesia for your patient?

You have used muscle relaxant (cisatracurium), so I presume that you have intubated this patient. Have you considered use of LMA for general anaesthesia as patients with XP are sensitive to muscle relaxants?

Check your english, pls.

**Quality of written English:** Not suitable for publication unless extensively edited

**Declaration of competing interests:**

I declare that I have no competing interests.