Author's response to reviews


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Version: 2 Date: 3 June 2014

Author’s response to reviews: see following pages
Dr. Michael Kidd  
Editor-in-Chief, *Journal of Medical Case Reports*

Dear Dr. Kidd,

**Re: Journal of Medical Case Reports, Manuscript ID: 1918953901211144**  
Keiko Nakamura, et al.  
**Agraphia of Kanji (Chinese characters): an early symptom of sporadic Creutzfeldt-Jakob disease in a Japanese patient: a case report.**

Thank you for your email, dated May 26, 2014, and for the reviewers’ comments on the above-mentioned manuscript. We have studied their comments carefully and have made corrections in the text that we hope meet their and your approval. We modified the title of our manuscript and added several sentences in the text according to the reviewers’ comments, and the changes have been listed in the following pages.

We are returning herewith the above manuscript revised. We hope that the revised version is now acceptable for publication in *Journal of Medical Case Reports*.

Yours sincerely,

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To reviewer #1:
Thank you for your careful reading of the manuscript and constructive comments on the paper. According to your suggestion, we have modified our title and the manuscript.

1. Classification of sporadic Creutzfeldt-Jakob disease (CJD) in this patient.
Thank you for your important comments on the type classification of CJD. I agree with your suggestion. According to the clinical presentations of the patient, we presumed a diagnosis of the patient as MM2-cortical type. We modified the title as ‘Agraphia of Kanji (Chinese characters): an early symptom of sporadic Creutzfeldt–Jakob disease in a Japanese patient: a case report’. In addition, we also replaced the diagnosis of ‘MM2-cortical-type sCJD’ with ‘sCJD’ in the manuscript (page 2, line 5; page 3, line 2; page 5, line 9; page 7, line 14; page 8, line 6; page 9, line 12; and page 9, line 16).
   We added some sentences to state our assumption about the clinical diagnosis in the Abstract section (page 3, lines 2-4), Introduction section (page 5, lines 10-11), Case presentation section (page 7, line 14), Discussion section (page 8, line 6), and Conclusion section (page 10, lines 1-2).

2. The total duration of illness.
The patient had been looked after at another hospital for about 2 years after the discharge from our hospital. Then, unfortunately, we were not able to follow her due to the fact that she was transferred to next hospital. We added a sentence about her duration of illness in the Case presentation section (page 8, lines 1-2).

3. Clinical presentations.
The patient demonstrated agraphia of Kanji exclusively at an early stage of the illness. Two months after the disease onset, she showed constructive disturbance in addition to the agraphia of Kanji. To clarify this point, we modified the first paragraph in page 6 in the Case presentation section, and added some words in the Discussion section (page 8, line 11).
   According to your suggestion, we corrected expression of the patient’s pathological reflex as ‘extensor plantar reflexes’ in the Case presentation section (page 6, lines 4-6).
To reviewer #2:
Thank you for your careful reading of our case report and constructive comments. According to your comments, we revised our manuscript.

1. More detail regarding the constructive difficulties.
The patient could not copy simple diagrams at 2 months after the disease onset. Moreover, she was not able to write an interlocking pentagons 1 month later. We added the above mentioned details of the cognitive impairment on page 6, lines 3-4 and lines 13-14 in the Case presentation section.

2. Was she dyspraxic?
The patient showed no ideomotor apraxia or ideational apraxia. We added a sentence on page 6, lines 6-7 in the Case presentation section.