Author's response to reviews

Title: Middle Ear Osteoma causing Progressive Facial Nerve Weakness: A Case Report

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Version: 4 Date: 21 July 2014

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Re: Journal of Medical Case Reports MS: 1071713870133312 – Middle Ear Osteoma causing Progressive Facial Nerve Weakness: A Case Report

C. Kate Curtis, Manohar Bance, Michael Carter and Paul Hong

Thank you for consideration of our manuscript for publication in your journal.

We have revised the above manuscript according to your reviewer’s comments.

Reviewer # 1 (Bernhard Schaller)

1. “the authors present a well-written case report. I have several points that should be improved until the manuscript can be considered for publication. The involvement or not of the facial nerve is mainly an anatomical question. Therefore the authors should cite and mentioned the following cornerstone manuscript on this topic (Otolaryngology--Head & Neck Surgery 1995; 112 (2), 228-234) as such aspects are important.”

   • This reference has been cited in the reference section and is mentioned on page 6: “Central lesions affecting the facial nerve, such as cerebellopontine angle tumors, can also present similarly as our case [9]. Early recognition, referral, and treatment may also prevent permanent facial nerve dysfunction in these cases [9].”

2. “Additionally, the introduction should be improved - also according to the mentioned paper - as it opens the door to other lesions involving the facial nerve that should also be mentioned. In this context, the conclusion has to be rewritten.”

   • The introduction has been revised as recommended-page 3: “Subsequently, middle ear lesions can cause facial nerve dysfunction. However, facial nerve weakness is usually caused by other pathologies, such as Bell’s palsy or central lesions.”
   • The conclusion has been revised as seen on pages 6 and 7: “Common causes of facial nerve weakness include cerebrovascular accidents, cerebellopontine angle tumors and Bell’s palsy. Very rarely, middle ear tumors present with facial nerve dysfunction. The weakness is typically due to a compressive effect on the middle ear portion of the facial nerve. Early recognition is crucial since removal of these lesions may lead to the recuperation of facial nerve function.”
Reviewer # 2 (Donald Kearns)

1. “The discussion could be much shorter and concise.”

   • The discussion has been shortened. Several paragraphs have been deleted on pages 4, 5 and 6.