Author's response to reviews

Title: A case of acute monolateral proptosis and orbital myositis in a patient with Discoid Lupus Erythematosus: a case report. Orbital inflammation and Discoid Lupus Erythematosus.

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Author's response to reviews:

Dear Editor and Referees,

Please find enclosed the revised manuscript entitled “A case of acute monolateral proptosis and orbital myositis in Discoid Lupus erythematosus: a case report” to be considered for publication in Journal of Medical Case Reports.

We have answered your following questions:

Editor's comments:

1) In your conclusion you mentioned that this is first case reporting about orbital myositis and/or inflammation in Discoid Lupus, however in your introduction and discussion you pointed to other case reports describing the same association, so you have to correct your statement.

1) We wanted to say that our case is the first case where DLE is associated to orbital myositis and acute monolateral proptosis. The other case reported described an orbital myositis with different clinical presentation. In the text we modify the sentence as follows:

“In the literature, only two case reports described the orbital inflammation associated to DLE, but these cases were not associated with acute proptosis onset.”

Only the case of Kono et al. described a case of orbital myositis associated to DLE in a non-active stage of the disease, but also in this case the clinical symptoms at presentation were different from our patient.

We want to highlight that this a unique case of acute monolateral proptosis associated to myositis in a non-active stage in DLE. This case can be useful because shows how this disease can give a lot of different ocular involvement appearance.
Comments to authors:

Reviewer 1

1) This report may be interesting in some thought about association with DLE and orbital myositis. Some orbital myositis was accompanied with immunological diseases including SLE, Rheumatoid arthritis, dermatomyositis and IgG-4 related diseases. There were many reports of SLE patients with orbital myositis. I have a concern that orbitals myositis may developed during DLE progression converting to SLE. It would be interesting to have some laboratory values including Cell blood count and complement level as well as CPK levels. It is unclear that the disease activity of DLE was related with the development of orbital myositis in this patient.

1) The values of cell blood count and CPK were reported in the text as follows: “The blood analysis was normal. No leukopenia or thrombocytopenia was detected only a tender increase of velocity eritrosedimentation value (20 mm/h). The values of creatine phosphokinase and complement levels were normal. Immunological profile showed high title of antinuclear antibodies (ANA) with a dotting pattern. No myositis-associated autoantibodies were detectable in the serum.”

Regarding the disease activity, we added the following sentence and reference: “According to The Score of Activity and Damage in DLE (SADDLE) the disease was classified not active.”


2) Orbital MRI would be better to evaluate inflammation of orbital muscles. After the steroid therapy, swelling of the right medial rectus muscle on CT was improved?

We know that Orbital MRI is important in the diagnosis of inflammatory muscle involvement, but it was not possible to perform it because the instrument was not available at the time of onset.

The right medial rectus muscles definitely improved with the corticosteroid treatment. The patient refused a new CT scan for the problem related to the X-ray exposition. Evaluating the improvement of the symptoms, we advised an Ultrascan ecography. The ecography showed a complete resolution of muscle swelling.

We added the image of the Ultrascan ecography after the steroid treatment.

Reviewer 2

1) This could be considered for publication but requires a redaction of the English (the verb tense varies between sentences, for example) and the reference format is not uniform. Please ensure that it is thoroughly read by a native English writer.
1) The article was revised by native English speaker expert in medical English articles.
The reference format was uniformed.